

County of San Diego

Low Income Health Program (LIHP)



Provider Handbook
April 2013

"Live Well, San Diego!"

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Section 1 Low Income Health Program

The San Diego Low Income Health Program (LIHP) is designed as a program for eligible adults, which covers a core set of physical and mental health services.

LIHP consists of 2 components, the Medicaid Coverage Expansion (MCE) and Health Care Coverage Initiative (HCCI).

- MCE – covers individuals with income up to and including 133% of the Federal Poverty Level (FPL).
- HCCI – covers individuals with income above 133%, up to and including 200% FPL.

San Diego's LIHP will offer new enrollment to the MCE portion of the LIHP. Enrollment into HCCI will be limited to those individuals enrolled in Coverage Initiative as of 11-1-10, and who continue to meet eligibility criteria and requirements. There are no cost sharing (monthly premiums or share of cost) or co-payments required in the LIHP.

LIHP is managed for the County of San Diego by the Administrative Services Organization (ASO). Participating medical and mental health providers contract with the County of San Diego. A list of participating primary care providers, mental health providers, and hospitals can be found in Attachment F. The ASO handles enrollee services, health service appeals, authorizations, claims processing and payment.

Health care is available to LIHP certified enrollees (thereafter referred to as "enrollees" when LIHP certified, and as "individuals" if eligibility has not yet been determined), within the Scope of Care and according to the LIHP Medical Policy and LIHP Specialty Care Guidelines, at the following service locations:

- Primary Care Services: Covered without prior authorization at network Community Health Centers at the enrollee's assigned site.
- Specialty Provider Services (including Mental Health Services): Covered with prior authorization with network providers. Authorization will be automatic for enrollees receiving mental health services through the County or its contractors at the time of the LIHP implementation (see Psychiatric Guidelines of LIHP Medical Policy). Enrollees entering the LIHP after the LIHP implementation, who have been receiving mental health services, will be reviewed by the ASO for continued services at their existing mental health provider.
- Out-of-network second opinions must receive prior approval.
- Ancillary Services: Covered with prior authorization within the LIHP Scope of Services.
- Emergency Department Services: Emergency and post-stabilization services are covered. Out-of-network emergency services and post-stabilization services are paid according to Centers for Medicare and Medicaid Services and Special Terms and Conditions (STC) 63 (f).

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- Acute Hospital Admissions: Covered at all San Diego County hospitals for physical health conditions. The single authorization number covers services associated with the hospital stay, including physician services. This authorization includes one follow-up visit with the attending physician within thirty (30) days of discharge. Additional post-discharge visits and/or services, including any post-discharge imaging or procedures, require authorization from the ASO.
- Mental Health Hospital Admissions: Covered at network hospitals (free-standing hospitals, for 19 and 20 year-olds only) for mental health conditions meeting medical necessity criteria, as established by Medi-Cal regulations. The single authorization number covers services associated with the hospital stay, including physician services. This authorization includes one follow-up visit with the attending physician within thirty (30) days of discharge. Additional post-discharge visits and/or services, including any post-discharge imaging or procedures, require authorization from the ASO.
- Scheduled Hospital Admissions: Covered with prior authorization. Approval is based on the LIHP scope of services and medical necessity.
- Supplemental Services: Primary care providers may authorize limited diagnostic procedures and supplies as designated on the Supplemental Services Form, without needing prior authorization from the ASO.

LIHP Enrollment Cap

When the County determines the LIHP enrollment is at its maximum level relative to funding available, the County will notify the LIHP providers. Individuals enrolled in the LIHP at the time an enrollment cap is placed will remain enrolled as long as they continue to meet eligibility requirements. Providers will continue to be paid according to the LIHP payment schedule for active and eligible LIHP enrollees.

Handbook – Online Version

The following link can be used for accessing the online version of this handbook:

www.sдлиhp.org

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Important Numbers

AmeriChoice Numbers and Addresses

LIHP Provider Line (Authorizations, Program Information)	(858) 658-8650
LIHP Provider Fax	(855) 394-7927
LIHP Provider Claims Line (Claims/Payments)	(858) 495-1333
AmeriChoice Program Operations	(858) 492-4422
LIHP/AmeriChoice Fax Number	(858) 565-4091
LIHP/AmeriChoice Address:	PO Box 23667 San Diego, CA 92193
AmeriChoice County Mail Station	0557B

County Administration Numbers and Addresses

LIHP Program Administration Phone	(858) 492-2222
LIHP Program Administration Fax	(858) 492-2265
LIHP Program Administration Address	PO Box 85524, MS 0557A San Diego, CA 92186-5524
Compliance Office (to report provider fraud, waste and abuse)	(619) 515-4246
Privacy Office	(619) 515-4243
ACCESS	(866) 262-9881 or pubassist.HHSA@sdcounty.ca.gov

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Section 2 Eligibility

To be eligible for the LIHP services, an individual must:

- Be a US citizen or meet eligible alien criteria
- Be a resident of San Diego County based on the LIHP eligibility criteria
- Be 19 through 64 years old
- Not be linked or eligible to Medi-Cal (age, blind, pregnant, CalWORKS, or disabled)

Financial Criteria

Financial eligibility criteria for the LIHP are based on income.

Citizenship/Eligible Alien Status

Individuals must be a U.S. Citizens or eligible alien. U.S. citizens may be asked to provide original citizenship and identity documentation. Eligible aliens must provide proof of alien status before certification.

Residency

Individuals must live in a primary residence located in San Diego County and must provide proof of residence before certification. A fixed address is not required. Individuals living on the streets or in a vehicle can be county residents. Individuals visiting from other counties, states, or countries are not eligible.

How to Apply for the LIHP

There are 3 ways to apply for LIHP. Individuals may:

- Apply for LIHP online at www.benefitscalwin.org and selecting the Medi-Cal option.
- Mail a Medi-Cal application to the County. To request a Medi-Cal mail-in application:
 - Call 211, or
 - Call ACCESS at 1-866-262-9881, or
 - Download the Medi-Cal application (MC210) from the State website:
(<http://www.dhcs.ca.gov/formsandpubs/forms/Pages/MCEBbyNumber.aspx>)
- Apply in person at the following HHSA locations:
 - Centre City, 1255 Imperial Avenue, 5th Floor, San Diego, CA 92101
 - El Cajon, 220 S. First Street, El Cajon, CA 92019
 - Fallbrook, 130 East Alvarado, Fallbrook, CA 92028
 - Lemon Grove, 7065 Broadway, Lemon Grove, CA 91945
 - North Central, 5055 Ruffin Road, San Diego, CA 92123
 - North Coastal, 1315 Union Plaza Ct., Oceanside, CA 92054
 - North Inland, 620 E. Valley Parkway, Escondido, CA 92025
 - Northeast, 5001 73rd Street, San Diego, CA 92115
 - Ramona, 1521 Main Street Ramona, CA 92065
 - South, 690 Oxford Street, #E, Chula Vista, CA 91911

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- Southeast, 4588 Market Street, San Diego, CA 92102

All applicants for LIHP will be evaluated for Medi-Cal, and if the applicant doesn't meet the eligibility criteria, the application would automatically be evaluated for LIHP.

LIHP Eligibility

Individuals apply for LIHP eligibility by completing an application and providing verifications to an HSS. The HSS reviews the application and verifications, and makes the decision to approve or deny. If approved, an LIHP Member card and Enrollee Handbook will be mailed to the enrollee. Enrollees are approved for a period of up to 12 months.

Retroactive Coverage

The LIHP/MCE offers 1 month retroactive coverage. If an individual received services in the month prior to their date of application for the LIHP/MCE, they should advise the eligibility worker that they wish to apply for the LIHP/MCE retroactive coverage. Retroactive coverage cannot be approved for any month prior to the LIHP implementation, July 2011. The individual may be required to provide additional documentation relating to the retroactive month. This is a separate eligibility evaluation process, and a separate notice will be sent to the applicant to advise them whether they have been approved or denied for the retroactive month.

LIHP Member Card

Enrollees approved for the LIHP will receive a Notice of Action (NOA) and LIHP Member Card. The Member card and NOA are not proof of eligibility and do not authorize services. Eligibility for individuals who applied for the LIHP after January 22, 2011 should be verified on the Provider CMS Provider Online Verification (POV) website: www.sdcmspov.com

The POV site is available only to network providers. Refer to Section 14 for information on how to become a network provider.

Example of the LIHP Card is shown below.

Front

COUNTY OF SAN DIEGO
LOW INCOME HEALTH PROGRAM
P.O. BOX 85222
SAN DIEGO, CA 92186-5222
Phone (800)587-8118



Name: John Smith
Member ID #: AB-123-987
Medical Home (PCC): Ocean Clinic
PCC phone #

Eligibility Verification:
www.sdcmspov.com

Back

1. If you have a medical need, call your primary care clinic. They can provide or arrange for the care you need.
 2. If you have a medical emergency, go to an Emergency Room or dial 911.
 3. All services, except community clinic and emergency room visits, must be approved in advance by LIHP.
 4. If you alter or misuse this card, falsify information, or stop meeting LIHP requirements, your eligibility may stop before the thru date. Legal action may be taken if you use this card after loss of eligibility.
 5. Emergency Services rendered by an out-of-network provider are reimbursable by the County of San Diego LIHP (LIHP) if LIHP is notified within 24 hours of emergency room admittance, and if post-stabilization care meets approved protocols set forth by LIHP. Fax information to (855) 394-7927
 6. You must use all other health insurance before LIHP.
- Other Insurance: _____
- Patient's Signature: _____
- Date Issued: _____

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Fraud Referral

If you suspect that an enrollee has an LIHP card but is not eligible for the LIHP, call the Patient/Provider Coordinator at (858) 492-4422 and report the individual's name, address, birth date, Social Security number and the reason you suspect fraud. Anonymous reports are accepted.

If you suspect fraud, waste, or abuse of the LIHP system by a provider, please contact the County Compliance Officer at (619) 515-4246 or by e-mail, at Compliance.HHSA@sdcounty.ca.gov. You may request that your identity be kept confidential.

Section 3 Medical Policy and Scope of Services:

Physical and Mental Health

Policy

The Low Income Health Program (LIHP) is a medical assistance program servicing low income and indigent adult residents of San Diego County. LIHP provides physical and mental health services when the LIHP Medical Policies and Specialty Care Guidelines are met. The LIHP/County Medical Services (CMS) Medical Director or designee can deny services if established LIHP criteria are not met. The provider and the enrollee have the right to appeal any LIHP decision that denies a medical or mental health service.

The following provides a general overview of the LIHP medical criteria and covered services. LIHP Policies on Appeals and Grievance delineate the standards for this process.

LIHP Mental Health Scope of Services:

The LIHP will provide coverage for limited mental health care for an eligible enrollee who meets all three of the following criteria:

- The LIHP enrollee must be diagnosed by an LIHP participating provider, within their scope of practice, with a mental health diagnosis specified in the most recent version of the Diagnostic and Statistical Manual (DSM) published by the American Psychiatric Association.
- The enrollee must demonstrate at least one of the following impairments as a result of the diagnosed mental disorder.
 - A significant impairment in an important area of life functioning.
 - A probability of significant deterioration in an important area of life functioning.

“Significant impairment” may, for instance, include risk of self-harm or injury to others; loss of ability to provide for food, clothing and shelter; somatization necessitating unnecessary medical visits or procedures; loss of employment; loss of stable psychosocial support system, and risk of further deterioration of mental status or emotional state likely to result in the development of more severe pathology.

- The intervention recommended by the LIHP participating provider, within their scope of practice, must be reasonably calculated to:
 - Significantly diminish the impairment; or
 - Prevent significant deterioration in an important area of life functioning.

LIHP Medical Policies and Specialty Care Guidelines

The LIHP covers physical health care and limited mental health care when an enrollee’s health condition or symptoms fall within the LIHP Scope of Services. LIHP Medical Policies and

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Specialty Care Guidelines, as well as Milliman Care Guidelines, are used to determine authorization of specific physical or mental health services or treatments.

LIHP Medical Policies and Specialty Referral Guidelines can be found on-line at: www.sdlihp.org

LIHP Medical Policies also include Psychiatry Guidelines and Preventive Care Guidelines.

Covered Services

The following benefits are covered for enrollees of the LIHP and **do not** require prior authorization:

- Evaluation and follow-up care by a primary care provider at the enrollee's designated primary care site
- Emergency room care for emergent conditions
- Emergent outpatient mental health services (including urgent walk-in triage and assessment)
- Emergency medical transportation
- Emergency dental care
- Pharmaceuticals listed as formulary medications on the LIHP Formulary.
- Acute inpatient hospital services
 - Through the hospital emergency department or as a direct admit from the provider/clinic
 - Notification to the ASO is required:
 - Notification of physical health inpatient admissions follow the existing Daily Census process
 - For mental health inpatient admissions, the hospital will notify the ASO by calling 1-800-295-0956 within 24 hours of admission
 - Limited to 10 days per year for acute mental health hospitalization (includes administrative inpatient days)
- Translation services (see Attachment D)
- Specified cervical and breast cancer screening services (see Attachment H)

The following benefits are available to LIHP enrollees **only by prior authorization**:

- Limited preventive medical services
- Medical equipment and supplies
- Scheduled inpatient hospital admissions and services
- Prior-authorized non-emergency medical transportation (when medically necessary, required for obtaining health care and provided for the lowest cost mode available)
- Outpatient hospital services
- Physical therapy
- Specialty physician services (including mental health); with mental health benefits as described below

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- Up to 12 mental health outpatient encounters per fiscal year. Outpatient encounters include assessment, individual or group therapy, crisis intervention, medication support and assessment. Mental health specialty encounters from the previous fiscal year do not roll-over to the new fiscal year.
- Prosthetic and orthotic appliances and devices
- Podiatry
- Surgical and diagnostic procedures
- Limited home health services
- Optometry exams and supplies
- Non-formulary prescription medications (all prescriptions must be approved by the FDA)

Non-covered Services*

The following services/diagnoses are excluded from LIHP coverage and are **NEVER** reimbursed:

- Bariatric surgery
- Pregnancy and all prenatal services
- Pediatric services
- Family planning and sterilization procedures
- Infertility related services
- Drug and alcohol treatment
- Organ and bone transplants and all services related to obtaining a transplant
- Bone marrow transplants
- Experimental procedures
- Cosmetic procedures in the absence of trauma or significant pathology
- Work examinations
- Completion of medical certificates
- Routine or preventive dental services
- Orthodontia
- Non-FDA-approved medications
- Emergency room visits for after care, follow-up, and to obtain prescriptions
- Medical or Clinical trials, including any medication, treatment, procedure, or professional component related to any clinical trial in which the LIHP enrollee may be involved
- Electroconvulsive therapy (ECT)
- Transcranial Magnetic Stimulation (TMS)
- Vagal Nerve Stimulation
- Observation status (hospital admission for less than 24 hours)
- Chiropractic services

* This list is not exhaustive of all Non-Covered Services. Please contact the Service Provider Line at 858-658-8650 for more information.

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Second Opinion

LIHP will authorize an enrollee or physician request for a second opinion when one of the following circumstances is present:

- A more cost-effective treatment option is available.
- Conservative therapy has not been attempted or has not had sufficient time to show results.
- The physician or enrollee disagrees with the diagnosis and/or the plan of treatment recommended by the specialist.
- Patient/provider relationship is hindered.
- Geographic and/or other obstacles prohibit the enrollee from accessing care.

If the second opinion is requested of a specialty provider, a Treatment Authorization Request (TAR) must be submitted. Second Opinions will be directed to network providers. Out-of-network providers will only be utilized if the services are not available in network.

Section 4 Primary Care Clinics

During the application process, enrollees select a “medical home” or Primary Care Clinic site, where they receive their primary health care. Authorization is not needed for primary care medical visits to the enrollee’s primary clinic site and non-specialty mental health visits conducted at the primary care site; however, health conditions must be within the LIHP Scope of Services. Specialty visits at the primary clinic site do require prior authorization, however the first visit for a specialty mental health visit at the primary care site (or the mental health site) can be conducted prior to TAR submission. Enrollees may change their selection of a medical home upon request through the ASO.

Each enrollee selects a clinic site and must be seen at that site for their primary care services. Primary care services provided at a site other than their designated clinic site will not be reimbursed, except under the following conditions:

- Disease management and care coordination services can be provided at any site within the parent clinic organization. These include but are not limited to group visits, health education, nutrition, and CDE visits. Refer to Section 13 for information related to reimbursement.
- Urgent visits may be conducted at another site within the parent clinic organization if the assigned site does not have capacity to meet access requirements.
- An enrollee may see his/her Primary Care Provider at any site within the parent clinic organization.

A primary care visit includes:

- A face-to-face encounter with a physician, physician’s assistant or nurse practitioner for the purpose of examination, diagnosis and treatment of the presenting or chronic medical and or mental health condition. Primary care providers may practice family medicine, general medicine, or internal medicine.
- All nursing and supportive services, supplies and equipment provided during the encounter.

A primary care visit may include:

- Nutritional counseling and health education (not reimbursed separate from the visit)
- Mental health care and medication management
- Diagnostic laboratory tests customarily done by the clinic during a primary care visit
- Plain radiographs
- Simple procedures (vision test, hearing test, and EKG)

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Referrals

Authorization is needed for diagnostic tests and professional care that are outside a primary care scope of practice. A two tiered authorization process is used to authorize non-clinic services. See Section 10 for Authorization Process

Treatment Authorization Request Forms are available on-line at: www.sdlihp.org

Application Assistance

Each primary care site shall assist community residents with the LIHP application process by:

- Assisting applicant in completing the LIHP application forms.
- Assisting the applicant in gathering the verifications as needed during their eligibility process.
- Advising LIHP applicants that they may be required to provide additional verification, including any verifications/documents required by Medi-Cal or County Medical Services (CMS).
- For further information on how to provide application assistance please refer to Attachment G – LIHP Application Assistance Activities.

Designated Care Coordination Responsibility

- Each primary and specialty care site (including mental health) shall formally designate one staff member who is primarily responsible for coordinating enrollees' health care services. If the same staff member can fulfill these duties at multiple sites, that is acceptable.
- This staff will be available to the ASO to collaborate with efforts to provide care coordination and case management.

Other primary care services and requirements may be found in the LIHP Primary Care Medical Home (PCMH) table (Attachment A). In addition, measures required in the annual LIHP Quality and Utilization Management and QM Plan (Attachments C & E) must be provided to the ASO in the designated report format on a quarterly basis.

Care Management requirements are listed in Attachment C, LIHP Quality and Utilization Management.

Healthcare Effectiveness Data and Information Set (HEDIS) Measures are listed in Attachment E.

Primary Care Provider Required Training requirements are listed in Section 7.

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Dental Services

Emergency dental services are available to LIHP enrollees. Services are limited to urgent and emergent conditions due to trauma or to alleviate acute pain associated with dental pathology. LIHP Dental Locations are listed in Attachment F.

Pharmacy Services

- LIHP covers prescribed medications for all pharmaceuticals listed as formulary medications on the LIHP Formulary. (All prescriptions funded by the LIHP must be approved by the FDA). The LIHP pharmacy benefit management company processes formulary exceptions. The LIHP formulary is modified on a periodic basis, and updates are available to all participating pharmacy vendors and prescribing clinicians. The directions for obtaining non-formulary prescriptions are detailed in the instruction section of the LIHP formulary. The formulary and instructions/forms to request non-formulary pharmaceuticals are available on-line at: www.sdlhip.org

Pharmacies may dispense up to a maximum of a ninety (90) day supply for specified medications in the LIHP formulary. The clinician determines the appropriate number of refills when prescribing maintenance drugs, however the prescriptions may be written for the full time period permitted by law.

In some circumstances the pharmacy may request more information from the prescribing provider, who is expected to reply promptly so as not to delay care. Requests for medications that are non-formulary and not covered by the LIHP will be referred to the Patient Assistance Program. It is the responsibility of the prescribing physician, or designee, to submit the PAP application.

Section 5 Mental Health Providers

There are 4 types of mental health organizations where the LIHP enrollees may access outpatient care:

- County Operated mental health sites
- County Mental Health contract organizational providers
- FQHC Mental health sites
- FQHC Primary care sites

Designated Care Coordination Responsibility

- The Program Manager or designee at each mental health site shall be responsible for coordinating enrollees' health care services.
- The Program Manager or designee will be available to the ASO to collaborate with efforts to provide care coordination and case management.
- Peer support staff and peer specialist volunteers at Clubhouse may be enlisted to assist MCE clients in enrollment process.

County Providers

- Mental Health clinicians identify existing patients potentially eligible for the LIHP.
- Patient is referred to the County Uniform Methods of Determining Ability to Pay (UMDAP) worker to apply for the LIHP.
- County UMDAP worker processes the LIHP application and determines eligibility.

County Mental Health (MH) Organizational Providers (Contracted MH Clinics)

Each County Mental Health Organizational site shall assist community residents with the LIHP application process by:

- Assisting applicant in completing the LIHP application forms.
- Assisting the applicant in gathering the verifications as needed during their eligibility process.
- Advising the LIHP applicants that they may be required to provide additional verification, including any verifications/documents required by Medi-Cal or County Medical Services (CMS).

Section 6 Hospital Based Services

Inpatient Services

Inpatient services are defined as those physical or mental health services provided by a physician to an enrollee who is admitted to a hospital for 24 hours or more. LIHP network hospitals are required to notify the ASO within one business day of every admission of an LIHP (or known pending LIHP) enrollee.

LIHP Provider Fax (855) 394-7927

For mental health admissions:

OptumHealth LIHP Provider Line (800) 295-0956

OptumHealth LIHP Fax.....(888) 881-4186

OptumHealth Address..... P.O. Box 601370, San Diego, CA 92160-1370

- Payment of services to the hospital is subject to concurrent and retrospective reviews by the ASO. All approved facility and physician payments will be made by the ASO.
- Notifications of emergency admissions are processed and claims are paid only when eligibility is confirmed. Authorization numbers are not released until the eligibility process is complete.
- When a County electronic health information exchange system becomes available, the hospitals will submit the enrollee's discharge summary and discharge instructions within 1 business day of discharge. Until available, hospitals are encouraged to fax discharge summaries within 14 days to the enrollee's designated primary care site as specified on the enrollee's verification of eligibility.

Scheduled Admissions and Outpatient Surgery

Scheduled, non-emergent admissions and outpatient surgical procedures, including pre-operative diagnostic tests, must receive prior authorization by the ASO Medical Management staff. Prior approval includes pre-operative diagnostic tests for scheduled surgical admissions and outpatient surgery. These procedures must be provided during the approved time period.

Enrollee Follow-up After Hospital Discharge

One (1) follow-up office visit by the attending physician within 30 days of discharge is included in the authorization for admission, excluding laboratory and x-ray services which require separate authorization.

Emergency Department Services

Emergency Department (ED) services, including specialty physician care provided in the ED, are covered when provided in any San Diego County acute care hospital for LIHP certified patients.

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The emergency condition must be within the LIHP Scope of Services. Payment for services includes coverage for the specialty physicians providing care in a network emergency department, but professional and facility services will be billed separately and reimbursed according to the terms of the contract.

LIHP network emergency departments are required to notify the ASO within one business day of treating an LIHP (or known pending LIHP) enrollee in the Emergency Department.

When a County electronic health information exchange system becomes available, the hospitals will submit the enrollee's discharge summary and discharge instructions within 1 business day of discharge. Until available, hospitals are encouraged to fax discharge summaries within 14 days to the enrollee's designated primary care site as specified on the enrollee's verification of eligibility.

LIHP Provider Fax (855) 394-7927

In order for an ED claim to be paid, the following conditions must be met:

- The individual must be certified LIHP eligible for the date of service.
- The condition must be included in the LIHP Scope of Services.
- The emergency department of an LIHP network hospital must be listed as the place of service on the claim form.

For out of network ED visits, please see Out-of-Network Requirements below.

Emergency Department Follow-up Care

Follow up care for LIHP enrollees with their assigned primary care provider is covered without prior authorization. Request for specialty care visits must be submitted by the primary care provider to the ASO for prior authorization.

- As stated previously in this document, Emergency Department Visits for after-care, follow up, suture removal or for the sole purpose of obtaining a prescriptions are not covered benefits.

Out-of-Network Requirements

Participating counties under the LIHP must provide coverage of emergency services provided in hospital emergency departments for emergency medical conditions and/or required post-stabilization care, regardless of whether the provider that furnishes the services is within the LIHP network.

LIHP programs may pay for emergency services and post-stabilization services provided by out-of-network providers at the specified non-network payment amount of 70% of in-network payment schedule. The out-of-network provider must accept the LIHP program payments

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made as payment in full for the services rendered, and the LIHP enrollee may not be held liable for payment.

Out-of-network providers must, as a condition for receiving payment for emergency services, notify the LIHP program within 24 hours of treating the patient in the emergency department, and, with respect to post-stabilization care, meet the approval protocols established by the LIHP program.

Further information can be found in the California Department of Health Care Services Out-of-Network Provider Bulletin. The bulletin can be found at: <http://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/ips201202.asp#a3>. Information includes geographical locations where LIHP will cover services, provider sites which LIHP is not required to cover, and balance billing.

LIHP Provider Line (Authorizations, Program Information) (858) 658-8650 or

LIHP Provider Fax (855) 394-7927

Section 7 Additional Requirements of Primary and Specialty Outpatient Service Providers

Designated Care Coordination Responsibility

- Each provider shall formally designate one staff member who is primarily responsible for coordinating enrollees' health care services.
- This staff will be available to the ASO to collaborate with efforts to provide care coordination and case management.

Case Management

Case Management requirements are listed in Attachment C, LIHP Quality and Utilization Management. Care coordinators assigned to a provider site are expected to:

- Coordinate an enrollee's care with the ASO, the primary care site, specialty site, the hospital and the Emergency Department.
- Coordinate care if over and/or underutilization of services is recognized.
- Address outliers in risk and quality indicators.

Other Requirements

Primary care medical home definition of services and requirements are included in Attachment A.

Provider training may include cultural competency, due process, credentialing, quality management and data reporting, claims and billing, authorization processes, eligibility/program requirements, case management, and general information on the LIHP.

All providers must follow requirements in the annual Quality and Utilization Management Plan (Attachments C & E).

Providers must meet cultural and linguistic needs of the LIHP enrollee (Attachment D).

Providers must advise enrollee of their right to obtain Advanced Directive information.

Providers shall ensure that enrollee-specific immunization information is periodically reported to an immunization registry(ies) established in the Contractor's Service Area(s) as part of the Statewide Immunization Information System. Reports shall be made following the enrollees' initial health assessment and all other health care visits which result in an immunization being provided. Reporting shall be in accordance with all applicable State and Federal laws.

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LIHP providers who are recognized as HIV Specialist, as per the County's Provider list, and who prescribe medications for their patients who are HIV positive will have access to all LIHP formulary medications, as well as medications as described and indicated on the ADAP formulary. The ADAP formulary can be viewed under the "What Drugs are Covered" in the FAQ's section via the following link:

http://www.ramsellcorp.com/medical_professionals/ca.aspx

If a LIHP provider provides HIV Specialty care and would like to add his or her name to the HIV Specialist Provider Care list, please contact Fawn Faulkner, RN, at 858-658-8652.

LIHP providers who are recognized as a Psychiatrist, as per the County's Provider list, will have access to prescribe all LIHP formulary medications, as well as medications as described as the LIHP Formulary—Psychiatric Medication Subset, found on the LIHP website through the following link:

http://www.sdcountry.ca.gov/hhsa/programs/ssp/low_income_health_program/

If a LIHP psychiatrist would like to add his or her name to the Psychiatry Specialist Provider Care list, please contact Fawn Faulkner, RN, at 858-658-8652.

Section 8 Ancillary Services

Ancillary Health Services and Supplies

Treatment Authorization Requests (TARs) for Ancillary Health Services and Durable Medical Equipment (DME) are approved when they meet the LIHP Medical Policy Guidelines and Milliman Care Guidelines. Examples of Ancillary Health Services and Durable Medical Equipment (DME) include (but are not limited to):

- Home health services (including nursing, physical, speech and occupational therapy provided in the home)
- Home Infusion
- Rehabilitation Therapy (outpatient physical, speech or occupational therapy)
- Hearing Aids

Section 9 Pharmacy Services

Pharmacy Services

- LIHP covers prescribed medications for all pharmaceuticals listed as formulary medications on the appropriate LIHP Formulary.
- All prescriptions funded by the LIHP must be approved by the FDA and filled at LIHP Network Pharmacies (see listing on the LIHP website).
- Pharmacies may dispense up to a maximum of a ninety (90) day supply for specified medications in the LIHP formulary. The clinician determines the appropriate number of refills when prescribing maintenance drugs, however the prescriptions can be written for the full time period permitted by law.
- Certain classes of medications used to treat chronic diseases, such as asthma controller medications, statins, blood thinners, ACE-I and ARBs, Insulins, and Beta blockers, may be filled for a 90 day supply if the prescription is written for a 90 day supply. MEDICATIONS WITH A 90 DAY FILL ARE NOTED WITH AN ASTERICK IN THE FORMULARY.
- Requests for medications that are non-formulary and not covered by the LIHP will be referred to the Patient Assistance Program. It is the responsibility of the prescribing physician to submit the PAP application.
- The directions for obtaining non-formulary prescriptions are detailed in the instruction section of the LIHP formulary. The LIHP pharmacy benefit management company processes formulary exceptions.
- The formulary and instructions/forms for non-formulary prescriptions are available on-line at: www.sdlihp.org
- The LIHP formulary is modified on a periodic basis, and updates are available to all participating pharmacy vendors and prescribing clinicians through the web site address above.
- The list of participating pharmacies can be found at: www.sdlihp.org
- HIV Specialty care providers, please refer to page 7.2 in regards to LIHP and ADAP formulary medications for HIV positive enrollees.
- Psychiatrists, please refer to page 7.2 in regards to LIHP formulary psychiatric medications.

Pharmaceutical Prior Authorization Request (PAR)

To obtain authorization of a non-formulary medication, complete the LIHP Drug Prior Authorization Request form and fax the request to:

Catamaran, the LIHP Pharmacy Benefit Manager:
(800) 945-1815

Urgent PARs may be called to Catamaran at (800) 777-0074

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In some circumstances the pharmacy, Pharmacy Benefit Manager (PBM), or ASO may request more information from the prescribing provider, who is expected to reply in an appropriate timeframe so as not to delay care.

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Section 10 Referrals

Referrals

As possible, referrals should be initiated by the enrollee's primary care provider to ensure continuity and coordination of care.

Eligibility for individuals who applied for the LIHP after January 22, 2011 must be verified on the Provider CMS Provider Online Verification (POV) website: www.sdcmspov.com prior to submitting a referral to the ASO.

The POV site is available only to network providers. Refer to Section 14 for information on how to become a network provider.

eConsult Services

The eConsult website is only available to contracted providers. Refer to Section 14 for information on how to become an eConsult provider.

On demand web cast training for eConsult can be found at:

<http://www.cchealthnetwork.com/about/cchn-events-calendar/on-demand-webcasts-.aspx>

For providers of eConsult services, eConsult can be accessed through the eConsult website:

- Via eTAR website (www.sdcmsstars.com)
- Via SD County Medical Society website (www.econsultsd.com)

Treatment Authorization Requests (TARs)

To initiate a Specialty referral, the provider shall submit a Treatment Authorization Request (TAR) to the ASO. The ASO Medical Management Services Department reviews TARs from primary care and specialty physicians for medical necessity and to verify that services are within the scope of the LIHP covered services and meet the LIHP Medical Policy and Specialty Care Guidelines. Current Milliman Care Guidelines also are utilized by the ASO in adjudicating TARs. In addition to admissions, surgical procedures, ancillary/supportive services, and specialty care services, the following (not an exclusive list) require authorization from the ASO's Medical Management:

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Diagnostic Studies	Consults	DME
CT Scan MRI Non-formulary products Nuclear studies P.E.T. Scan Simple biopsy by a Dermatologist Sleep Studies (Attach sleep study form) EMG, Limited Nerve conduction study Radiology Guided Biopsy	Cardiology Dermatology Endocrinology ENT Gastroenterology Gynecology Hernia repair evaluation (with work history form completed) Mental Health Services Nephrology Neurology Neurosurgery Oncology Ophthalmology Optometry Orthopedics Pain Management Physical Therapy (evaluation only) Podiatry Pulmonology Psychiatry Rheumatology Specialty Mental Health Services Surgery Urology	All DME that meet LIHP Medical Policy criteria and received TAR approval

The following diagnostic studies, radiographs and DMEs **do not** require authorization

Diagnostic Studies	Radiographs	DME
Audiogram Cardiovascular stress test (Treadmill) Diagnostic mammogram Doppler Echocardiogram EEG PFT Diagnostic Sigmoidoscopy Holter monitor	Barium enema Barium swallow Colposcopy Procedure IVP Screening mammogram Sonogram Ultrasound Upper GI X-rays 4+ views	<ul style="list-style-type: none"> ▪ Crutches ▪ Elastic support brace ▪ Standard one point cane

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Physicians and mental health providers must submit the TAR to the ASO with sufficient information to support the requested medical or mental health service. TARs may be submitted electronically via eTAR or on an LIHP/CMS-19, LIHP/CMS Program Request for Referral Services Form. Information required with each TAR is delineated in the LIHP and CMS Medical Policies and the LIHP and CMS Specialty Referral Guidelines and includes documentation of the patient's history, physical exam, and appropriate diagnostic studies. These resources can be found at: www.sдлиhp.org

All TARs must be ordered by a physician or co-signed by a physician for physical health services. TARs ordered by a midlevel provider without a physician signature will be denied. TARs for mental health services may be ordered by a physician or a licensed, registered, or waived mental health clinician.

Turnaround time for ASO adjudication of routine TARs is five to seven working days. Complete, accurate and legible information will ensure a prompt response from the ASO.

Urgent TAR

The ASO will process a TAR as "urgent" when services are needed because of an enrollee's immediate medical or mental health condition, as documented in the referral. In addition to the usual patient identification, the medical service needed and sufficient information to establish the medical urgency must be provided to the ASO. Legibility and appropriate documentation is essential in order to process the TAR in a timely manner.

If the enrollee's condition is life threatening, refer the enrollee to the nearest LIHP network hospital or call 911. Emergency care does not require prior approval; medically necessary ambulance service is covered for eligible patients when taken to a contracted hospital.

Approvals

The ASO will provide each clinic the status of their processed TARs electronically via eTAR on a daily basis. The referring physician or mental health provider (not hospital facility) is responsible for notifying the enrollee of the approved referral, making the enrollee's appointment for the referred service, and forwarding appropriate medical information to the specialist.

If the enrollee's eligibility is pending or has expired, the ASO will not release the authorization number until the eligibility has been determined. The ASO will send notification indicating approval or denial of the TAR once the eligibility status has been entered into the claims processing system.

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Returns and Denials

Administrative Returns

The ASO may return a TAR for administrative reasons. An Administrative Return is issued for all TARs received without any medical documentation and for all duplicate requests.

The ASO may deny a TAR for the following reasons:

- TAR documentation does not address the reason for the referral (insufficient information to make a medical determination).
- The service requested is not within the LIHP scope of services.
- The request is illegible.
- The required supportive documentation and forms are not submitted with the request.

Providers are notified of denials electronically via eTAR and via the Treatment Authorization Request (TAR) LIHP/CMS Administrative Denial Form, which is mailed to the ordering provider and the Daily Processed TAR Report, which is faxed.

Service Denials

Referrals that pose any uncertainty about medical necessity or conformity with the LIHP Scope of Services, LIHP Medical Policy, LIHP Specialty Care guidelines or Milliman Care Guidelines will be referred to the ASO Medical Director or designee for final determination. Providers will be notified of the denial in the same manner as other denials.

Enrollees are notified of medical and mental health service denials via a form generated from the claims processing system.

Please refer to Section 12 of this handbook for information concerning an enrollee's rights and processes of Grievance, Appeals, and State Fair Hearing.

Section 11 Network Adequacy & Access Requirements

Providers must meet standards for timely access to care and services, considering the urgency of the service needed as set by the State of California, Department of Health Care Services.

- Accessibility to primary health care services will be provided at a location within 60 minutes or 30 miles from each enrollee's place of residence.
- Primary care appointments will be made available within 30 business days of request through June 30, 2012
- Primary care appointments will be made available within 20 business days for the period July 1, 2012 through December 31, 2013.
- Urgent primary care appointments will be provided within 48 hours (or 96 hours if prior authorization is required) of request.
- Urgent mental health services will be provided within 72 hours of request.
- Specialty care access (including mental health) shall be provided at a minimum within 30 business days of an urgent request and within 60 days for a non-urgent appointment until June 30, 2012. Beginning July 1, 2012 through December 31, 2013, the wait time for non-urgent appointment will not exceed 40 days.
- Network providers must offer office hours at least equal to those offered to the health plan's commercial line of business enrollees or Medicaid fee-for-service (FFS) participants.
- Services under the contract must be made available 24 hours per day, seven days per week when medically necessary, which may include access to the LIHP 24 hour hotline.

Section 12 Grievances and Appeals

The LIHP Grievance and Appeal process provides a method for LIHP Program Administration and the ASO to investigate and resolve grievances and appeals filed by enrollees and providers. It also delineates enrollee rights. Please refer to the LIHP Appeals and Grievance Policy for more details (Attachment B).

Mental Health Inpatient Appeals should be submitted to OptumHealth, LIHP Program Manager, P.O. Box 601370, San Diego, CA 92160-1370.

Section 13 Claims

The ASO processes all claims submitted by hospitals, clinics, specialty physicians and ancillary providers seeking payment from the LIHP.

Submission Requirements

All claims must:

- Be for services and service dates that match the certified enrollee's eligibility and period authorized.
- Primary care clinic claims must be submit electronically. When the enrollee has other health coverage (OHC), claims must be submitted to the other insurance carrier first. If then submitting the claim to the ASO, the other carrier's Explanation of Benefits (EOB) must be included.
- Include the following information:
 - Enrollee's name, birth date, and Social Security Number (or LIHP Member ID)
 - Date(s) of service
 - Place of service
 - Vendor and group name, address and phone number
 - Name and address of facility where services were rendered if different from the billing office
 - National Provide Identifier (NPI) – Individual and Organizational
 - Provider Tax Identification Number
 - ICD–9 Codes
 - Current RVS, CPT, HCPCS and Medi–Cal/Denti–Cal codes as indicated
 - Refer to Section IX (Definitions) for Mental Health provider encounter minutes standards
 - Authorization number (TAR control number)
 - Referring physician (required – Hospital and Ancillary only)
 - Full itemization of charges, including drugs and supplies provided
 - All documentation and attachments required by Medi–Cal
 - Catalogue page or invoice when submitting an unlisted or “miscellaneous” code, if applicable
- Are requested to be submitted within 30 days from the date of services or date of discharge to the current ASO:

AmeriChoice
LIHP Claims Office
PO Box 23667
San Diego, CA 92193

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Checking Claim Status

The ASO processes claims that are complete and accurate within 30 days of receipt. The ASO claims department may be reached at (858) 495-1333 if payment has not been received within 45 days of a claim.

Checks and the Remittance Advice (RA) are produced twice a month. LIHP reimbursement is considered payment in full. No payments are to be billed to or collected from the enrollee except as permitted below.

Primary Care Clinic (FQHC)

- Primary Care Visits at the FQHC clinic will be paid at individual Prospective Payment System (PPS) rates for covered services furnished to the LIHP enrollees, according to current Medi-Cal FQHC PPS billable “visit” regulations, as designated in the LIHP Primary Care Clinic Services contract.
 - If there is a change to an FQHC’s PPS rate, FQHCs are to follow the procedures identified in Exhibit C-7 of their LIHP contract with the County of San Diego.
 - FQHCs will need to provide verification of any changes to their current PPS rate within 10 days of notification for the new rate to take effect.
- LIHP covered services linked to a face-to-face encounter with an approved clinician will be included in the PPS payment.
- Lab, radiology and pharmacy services not provided at the FQHC will be billed separately by the service provider and will be paid at FFS reimbursement schedule available from the ASO, assuming the services are covered benefits of the LIHP and prior authorization was obtained as appropriate.

Hospital Reimbursement

- All covered and authorized services provided by Hospitals will be paid as outlined in Exhibit C of the LIHP contract.

Specialty Reimbursement

- All covered and authorized services provided by Specialists will be paid as outlined in Exhibit C of the LIHP contract.
- Mental Health providers eligible to be covered as specialists include licensed, registered, or waived clinicians. Waivers are completed by the County of San Diego Behavioral Health Services.

Billing LIHP Enrollees

LIHP enrollees may not be billed for:

- Any balance of fees or other associated costs after the LIHP pays for the service(s).

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- Any hospital administrative errors (incorrect coding, failure to obtain timely authorization or late submission).

LIHP enrollees may be billed for:

- Non-authorized services.
- Services not covered in the LIHP Program Scope of Services.

Notification of Changes to Provider Information

To ensure your check and RA is accurate and timely, immediately notify the ASO's Claims Department at (858) 495-1333 of any changes in:

- Ownership
- Address (mailing and/or service site)
- Group affiliation
- Tax Identification Number (TIN)

Primary Care and Specialty clinics must provide the ASO's Claims Department with a listing of licensed or waived (by County of San Diego Behavioral Health Services) providers employed by the clinic who bill the LIHP for services (MD, DO, RNP, PA, PhD, LCSW, MFT, etc). Copies of license numbers and if applicable, DEA numbers are required. Staff changes and corrections should be forwarded to the ASO as they occur to avoid an unnecessary delay or denial of claims.

Credentialing

All licensed network LIHP providers with a formal agreement must undergo primary source verification for initial credentialing and re-credentialing every three years. Credentialing is performed by the ASO.

All waived mental health providers must obtain verification of status through County of San Diego Behavioral Health Services.

Medi-Cal Pending

LIHP covers necessary health care for certified enrollees while their Medi-Cal disability evaluation is pending. The ASO will process claims for these enrollees following standard LIHP procedures.

If the enrollee has latent tuberculosis or active tuberculosis, he/she is required to apply for TB-Cal.

In addition, if potential linkage to Medi-Cal has been identified, or the individual claims a disability, the individual will be required to apply for Medi-Cal.

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How to apply:

- Call 2-1-1
- Contact ACCESS:
 - via website <http://www.sdcountry.ca.gov/hhsa/programs/ssp/access/index.html> or
 - by phone at (866) 262-9881
- Apply for Medi-Cal on-line: <http://www.benefitscalwin.org/>
- Apply in person at the Family Resource Center

Medi-Cal Approved

The ASO will notify providers of the Medi-Cal approval on the Remittance Advice (RA). The ASO will deny all claims received after the enrollee has been approved for Medi-Cal. For claims the ASO has paid:

- Providers must bill Medi-Cal directly once Medi-Cal eligibility is approved
- In the event you receive payment from Medi-Cal for a service previously paid by the ASO, you must reimburse the LIHP via the ASO.

Death of an Enrollee Notification

Providers will inform the ASO using the appropriate discharge status code on the submitted claim. The ASO will also be notified during the concurrent review process, and the retrospective review

Appeal Process for Denied Claims

If a claim submitted to the LIHP for payment is denied, you may ask for an appeal and must resubmit the claim within 30 days of the denial notification. The reason for the appeal and additional justification for payment must be clearly stated. Send all claims for appeals to the following address:

**LIHP Program – Appeals
Attention: Claims Department
PO Box 23667
San Diego, California 92193**

Contact the ASO Claims Department at (858) 495-1333 for instructions about submitting an appeal. The ASO reviews the claim and additional information and communicates the decision within 45 calendar days.

End of Year Close-Out

The LIHP fiscal year ends on June 30 of each year. All claims for services provided to patients certified by or referred to the LIHP in a fiscal year, must be submitted to the ASO by July 31, regardless of authorization or eligibility status.

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Section 14 Contracts

All LIHP providers are required to establish and maintain a Compliance Program that meets or exceeds the requirements of 42 CFR 438.608.

Providers interested in becoming a LIHP Network Provider and/or eConsult* provider should contact the ASO at (858) 495-1373.

* eConsult is a web based program that allows Primary Care providers (PCPs) to request consultations from medical and psychiatric specialists for their primary care patients. These consultations consist of electronic "conversations" between PCP and specialist on a secure web based program. The eConsult program allows the PCP to upload clinical information, including chart notes, EKG reports, radiology reports, etc. Consultations that cannot be adequately addressed by an eConsult will continue to receive in-person consultations.

The goal of eConsult is to provide the PCP with a timely, detailed specialty response to their clinical question and reduce language barriers and transportation challenges for enrollees.

Section 15 Definitions

Administrative Services Organization

The private organization retained by the County to provide administrative support to the LIHP.

County

County of San Diego, a political subdivision of the State of California.

Enrollee

An individual who has been approved for the LIHP benefits.

Emergency Medical Condition

Per Special Terms & Conditions (63): a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in the following:

- Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy.
- Serious impairment to bodily functions.
- Serious dysfunction of any bodily organ or part.

Health Home

The Health Home is designated as an FQHC that has received a first level PCMH recognition or higher. It also provides social support to assist enrollees in meeting basic needs such as shelter, food, and clothing. This encompasses the vision of Building Better Health and furthering the goals of *Live Well, San Diego!*

Individual

An applicant for the LIHP whose eligibility has not yet been determined.

Mental Health Provider Encounters

Covered Service (Outpatient)	CPT	HCPC	Minutes	Industry Standard for Encounters (mins)
LIHP Meds EM New Minor Prob 400	99201 (POS = OFC)	H2010	5-15	10
	99341 (POS = HOME)			20
LIHP Meds EM New Expand Prob 401	99202 (POS = OFC)	H2010	15-25	20
	99342 (POS = HOME)			30

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Covered Service (Outpatient)	CPT	HCPC	Minutes	Industry Standard for Encounters (mins)
LIHPMeds EM New Detail Low 402	99203 (POS = OFC)	H2010	25-35	30
	99343 (POS = HOME)			45
LIHPMeds EM New Comp Mod 403	99204 (POS = OFC)	H2010	30-60	45
	99344 (POS = HOME)			60
LIHPMeds EM New Comp High 404	99205 (POS = OFC)	H2010	45-75	60
	99345 (POS = HOME)			75
Assessment (non-MD)	90801	H2015	30+	50 (brief)
				90
Medication Evaluation	90801	H2010	31+	50
Medication Support		H2010	10-30	20
Med Check MD Brief	M0064		1-15	15
LIHP Meds EM Minimal Problem	99211	H2010	5-10	5
LIHP Meds EM Minor Problem	99212 (POS = OFC)	H2010	5-15	10
	99347 (POS = HOME)			15
LIHP Meds EM Expanded Low	99213 (POS = OFC)	H2010	10-20	15
	99348 (POS = HOME)			25
LIHP Meds EM Detailed Mod	99214 (POS = OFC)	H2010	20-30	25
	99349 (POS = HOME)			40
LIHP Meds EM Comprehensive High	99215 (POS = OFC)	H2010	30-50	40
	99350 (POS = HOME)			60
Individual Psychotherapy		H2015	1-15	10
	90832		16-37	30
	90834		38-52	45
	90837		53+	60
Group Psychotherapy	90853		45-60	60
Individual Rehabilitation		H2017	45-60	30
			20-44	50
Group Rehabilitation		H2017	45-60	60
Crisis Intervention		H2011	1-29	20

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Covered Service (Outpatient)	CPT	HCPC	Minutes	Industry Standard for Encounters (mins)
	90839		30-74	60
	90840		Each addtl 30 mins after first 60	90

An outpatient mental health encounter can include a behavioral health assessment, individual or group therapy, individual or group rehabilitation (for County and Contracted Organizational providers at Specialty Mental Health programs), crisis intervention, medication evaluation, and medication support.

Please use the HCPCS code for billing purposes if no CPT Code exists for the encounter.

Network Provider

A provider who has a contract with the County of San Diego to provide LIHP services.

Out-of-Network Provider

A provider who does not have a contract with the County of San Diego to provide LIHP services.

Primary Care Medical Home

A single provider, facility, or health care team that maintains an enrollee's medical information, and coordinates their health care services. The primary care medical home shall provide, at a minimum, all of the following elements:

- Facilitate the enrollee's access to preventive, primary, specialty, mental health, or chronic illness treatment, as appropriate.
- An intake assessment of each new enrollee's general health status.
- Referrals to qualified professionals, community resources, or other agencies as needed.
- Care coordination for the enrollee across the service delivery system. This may include facilitating communication among enrollee's health care providers, including appropriate outreach to mental health providers.
- Care management, disease management, case management, and transitions among levels of care, if needed.
- Use of clinical guidelines, disease management, and other evidence-based medicine when applicable for treatment of the enrollee's health care issues and timing of clinical preventive services.
- Focus on continuous improvement in quality of care.

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- Timely access to qualified health care interpretation as needed and as appropriate for enrollees with limited English proficiency, as determined by applicable federal guidelines.
- Health information, education, and support to beneficiaries and, where appropriate, their families, if and when needed, in a culturally competent manner.

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Attachment A – LIHP Primary Care Medical Home

LIHP Primary Care Medical Home

Definition of Services and Requirements

Functional and Operational Capabilities

1) Access and Continuity
a. Primary Care Appointment Access <ul style="list-style-type: none">♦ Written appointment standards and policies are in place consistent with LIHP policies♦ <i>Urgent:</i> Within 48 hours of request for both physical health and mental health complaints♦ <i>Routine:</i> 30 business days initial and 20 days effective 7/1/2012♦ Standards apply to patient or physician requests
b. County's electronic health information exchange system <ul style="list-style-type: none">♦ Conditioned on system availability and implementation
c. Telephone Access 24/7 <ul style="list-style-type: none">♦ <i>Normal Office Hours:</i> Telephone access for appointment-making and questions/concerns♦ <i>After Hours:</i> Telephone access for health questions/concerns through advice nurse/on-call♦ Consistent with access for Medi-Cal patients
d. After Hours Clinic Availability <ul style="list-style-type: none">♦ Same hours as accessible to Medi-Cal patients
e. Assigned Personal Clinician <ul style="list-style-type: none">♦ Each enrollee will select a medical home at the clinic "site" level♦ Expectation that enrollees will select a personal clinician whenever possible♦ Patients must be seen at assigned Medical Home site with following exceptions:<ul style="list-style-type: none">• If assigned site cannot meet Urgent Care request, patient may be seen at alternate contracted site of the parent organization• Chronic Disease management services may be provided at another contracted site of the parent organization including, but not limited to group visit, health education, nutrition and CDE visits• A scheduled follow up appointment with the enrollee's primary provider at an alternate contracted site of the parent organization.• Specialty care clinic visits (e.g., psychiatry, podiatry, ophthalmology, etc) must be adjudicated by a TAR which will allow the visit at any site within the parent organization.♦ Patient transport to alternate site may be provided by clinic, as needed; prior authorization for outside transport required (TAR)

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Attachment A – LIHP Primary Care Medical Home

<p>f. Visits with Assigned Clinician/Care Team Member (continuity)</p> <ul style="list-style-type: none"> ◆ Whenever possible, return visits/follow-up care will be scheduled with assigned clinician and site ◆ Assigned clinician team member acceptable (e.g., FNP, PA) ◆ Exceptions as noted under Assigned Personal Clinician 1.(e)
<p>g. Electronic Health Records</p> <ul style="list-style-type: none"> ◆ Electronic health records and other health information technology is encouraged.
<p>h. Cultural/Linguistic competency and translation (primary, other)</p> <ul style="list-style-type: none"> ◆ Culturally competent service delivery including translation 24/7 for clinic site languages as needed. Additional health care interpretive services accessed through designated LIHP service paid for by the County. ◆ Timely access to qualified health care interpretation, as needed and as appropriate for enrollees with limited English proficiency, as determined by applicable state and federal guidelines for clinics; ◆ Access to health care interpretive services, as needed and as appropriate, for enrollees with limited hearing and/or vision abilities ◆ Participation in Cultural Competency training
2) Identify and Manage Patient Population
<p>a. Preventive services</p> <ul style="list-style-type: none"> ◆ Provide preventive scope of services as defined in LIHP Preventive Health Policy ◆ Order preventive/screening services in accordance with Policy, including services requiring TAR
<p>b. Assessment for Health Risks -- Behaviors – Interventions</p> <ul style="list-style-type: none"> ◆ Intake assessment of each new patients general health status
<p>c. Use of data for population management</p> <ul style="list-style-type: none"> ◆ Work in conjunction with ASO Care Coordinators
3) Plan and Manage Care
<p>a. Care Planning (protocols, criteria, plans)</p> <ul style="list-style-type: none"> ◆ Use of clinical guidelines, disease management, and other evidence-based medicine when applicable for treatment of the enrollee's healthcare issues and timing of clinical preventive

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services
b. Electronic registry/patient tracking for key conditions <ul style="list-style-type: none"> ◆ Maintain electronic patient registry capturing defined patient data elements for key conditions ◆ Provide current electronic report of patient status/outcomes to ASO Quarterly
c. Designated care coordination responsibility <ul style="list-style-type: none"> ◆ Primary Care Medical Home contact who facilitates the enrollee's access to preventive, primary, specialty, mental health, or chronic illness treatment, as appropriate ◆ Staff formally designated at site as primarily responsible for coordinating patient's healthcare services and to serve as a point of contact for the ASO's care managers ◆ Collaboration with ASO care manager efforts to provide care coordination and case management
4) Provide Self-Care and Community Support
a. Patient/Family education on PCMH roles and participation <ul style="list-style-type: none"> ◆ Provide information regarding medical home role, patient/family participation, service/network requirements and options for changing medical home assignment ◆ Provide information regarding LIHP Program policies, women's health access, Second Opinions, Appeals and Grievances. ◆ Provide information, forms and counseling on Advance Directives to patients and families
b. Education and Self-Management Support (identify, information) <ul style="list-style-type: none"> ◆ Health information, education and support to beneficiaries and, where appropriate, their families, if and when needed, in a culturally competent manner ◆ Assist patients and their families in self-care management with information, tools and resources.
5) Track and Coordinate Care
a. Coordination/co-management w/specialty providers <ul style="list-style-type: none"> ◆ Care coordination across the service delivery system, facilitating communication among enrollee's healthcare providers, including mental health providers.
b. Referral/Specialty Care Coordination (referral/response tracking) <ul style="list-style-type: none"> ◆ Care management, disease management, case management, and coordination of transitions

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<p>among levels of care, as needed</p> <ul style="list-style-type: none"> ◆ Track and coordinate tests, referrals and transitions of care ◆ Referrals to qualified professionals, community resources, or other agencies as needed in accordance with LIHP utilization management policies/protocols ◆ Coordinate care with services received from other providers
<p>c. Follow-up on Discharge Summary/Discharge Instructions Received</p> <ul style="list-style-type: none"> ◆ Track and coordinate follow-up and transitions of care with the goal of reducing preventable Emergency Department visits, hospitalizations and readmissions ◆ The clinic care coordinator will be the designated personnel at each PCP site to receive enrollee discharge summaries and discharge instructions for enrollees seen at an ED or hospital. The ED and hospital are requested to send this information to the designated clinic site within 24 hours of an ED visit or hospital discharge.
<p>6) Measure and Improve Performance</p>
<p>a. Monitoring/Reporting on Access Standards</p> <ul style="list-style-type: none"> ◆ Review access/audit reports received from the ASO within 30 days of receipt ◆ Submit Corrective Action Plan to the ASO within 30 days, as needed
<p>b. Patient Experience/Satisfaction Surveys (annual – all patients)</p> <ul style="list-style-type: none"> ◆ Conduct (have conducted) and submit patient satisfaction surveys to ASO, at least annually ◆ ASO to conduct LIHP member satisfaction surveys
<p>c. ED/Hospital Utilization</p> <ul style="list-style-type: none"> ◆ Clinic site Care Coordinators to work with ASO to address the following: <ul style="list-style-type: none"> 1) ED Visits 2) ED Visits/Admissions for Avoidable Conditions 3) Readmission rates
<p>d. Clinical Outcomes for Chronic Disease Management Patients</p> <ul style="list-style-type: none"> ◆ Compliance with protocols for CDM registry reports
<p>e. Selected Clinical Outcome/HEDIS Measures</p> <ul style="list-style-type: none"> ◆ Participate in LIHP QI Program; maintain and report selected HEDIS Measures Quarterly to the ASO

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ENROLLEE RIGHTS & ISSUE RESOLUTION

Enrollee Rights and Protections Under Federal Code

According to 42 CFR 438.100, and the California Bridge to Reform Demonstration Special Terms and Conditions (STC) #76, the Low Income Health Program (LIHP) is responsible for ensuring compliance with consumer rights and protections. Providers, as contractors of the LIHP, are also required to comply with all applicable regulations regarding consumer rights and protections. These rights and protections from 42 CFR can be summarized as follows:

- *Dignity, respect, and privacy.* Each LIHP enrollee is guaranteed the right to be treated with respect and with due consideration for his or her dignity and privacy.
- *Receive information on the LIHP and available treatment options.* Each LIHP enrollee is guaranteed the right to receive information on the LIHP and its benefits, enrollee rights and protections, and emergency care, as well as available treatment options and alternatives. The information should be presented in a manner appropriate to the enrollee's condition and ability to understand.
- *Participate in decisions.* Each LIHP enrollee is guaranteed the right to participate in decisions regarding his or her health care, including the right to refuse treatment.
- *Free from restraint or seclusion.* Each LIHP enrollee is guaranteed the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation, as specified in federal regulation on the use of restraints and seclusion.
- *Copy of medical records.* Each LIHP enrollee is guaranteed the right to request and receive a copy of his or her medical records, and to request that they be amended or corrected, as specified in 45 CFR, Part 164.524 and 164.526.
- *Right to health care services.* Each LIHP enrollee has the right to be furnished health care services in accordance with CFR, Title 42, Sections 438.206–210.

In accordance with 42 CFR, the Administrative Services Organization (ASO) distributes the LIHP Enrollee Guide to Low Income Health Program, which contains information on enrollee rights, as well as a description of the services available through the LIHP, and the avenues to obtain resolution of dissatisfaction with the LIHP services.

Additional Enrollee Rights

- **Provider Selection**

In accordance with 42 CFR 438.6, providers are reminded that LIHP enrollees have the right to obtain a list of LIHP providers from the LIHP program (County or ASO) or their PCMH, including information on their location, type of services offered, and areas of cultural and linguistic competence.

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- **Second Opinion**

An LIHP enrollee may request a second opinion. A second opinion provides the enrollee with an opportunity to receive additional input on his or her health care. The enrollee makes their request for a second opinion to their provider. In turn, the medical primary care provider submits a Treatment Authorization Request to the ASO for approval.

- **Transfer from One Provider to Another**

Enrollees have a right to request a transfer from one LIHP provider to another.

- **Right to Language, Visual and Hearing Impairment Assistance**

Enrollees shall be routinely informed about the availability of free language assistance at the time of accessing services. Providers must also be able to provide information on Low Income Health Program services to enrollees with visual or hearing impairment or other disability, making every effort to accommodate individual's preferred method of communication.

Advance Health Care Directive Information

Federal regulations (42 CFR 422.128) require that all LIHP beneficiaries are provided with information about the right to have an Advance Health Care Directive. In order to be in full compliance with this regulation, it is necessary that all new enrollees be given this information at their first face-to-face contact for services. An Advance Health Care Directive is defined in the 42 CFR, Chapter IV, Part 489.100 as "a written instruction such as a living will or durable power of attorney for health care, recognized under State law (whether statutory or recognized by the courts of the State), relating to the provision of health care when the individual is incapacitated." Generally, Advance Health Care Directives deal with how physical health care should be provided when an individual is incapacitated by a serious physical health care condition, such as a stroke or coma, and unable to make medical treatment decisions for himself/herself.

In order to be in compliance with the Federal regulations (42 CFR, Chapter IV, Section 422–128), providers shall do the following for new enrollees:

- Provide written information on the enrollee right to make decisions concerning medical treatment, including the right to accept or refuse medical care and the right to formulate Advance Directives, at the first face-to-face contact with a new enrollee, and thereafter, upon request.
- Document in the enrollee's medical record that this information has been given and whether or not the enrollee has an existing Advance Directive.
- If the enrollee who has an Advance Directive wishes to bring in a copy, the provider shall add it to the enrollee's current medical record.

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- If an enrollee is incapacitated at the time of initial enrollment and unable to receive information, the provider will have a follow-up procedure in place to ensure that the information on the right to an Advance Directive is given to the enrollee at the appropriate time. In the interim, the provider may choose to give a copy of the information to the enrollee's family or surrogate.
- The provision of care will not be conditioned or the enrollee otherwise discriminated against based on the contents of an Advance Directive.
- Should the situation ever arise, the provider shall offer information about the State contact point to enrollees who wish to complain about non-compliance with an Advance Directive.

The LIHP provides an informational brochure on Advance Directives, available in the threshold languages, which can be given out to new enrollees or members of the community who request it. Copies may be obtained through the LIHP's ASO Medical Management Services Department at (858) 658-8650, or providers may duplicate their own copies. The LIHP will also be responsible for notifying providers of any changes in State law regarding Advance Directives within 90 days of the law change.

Providers are expected to formulate their own policies and procedures on Advance Health Care Directives and educate staff. Because of the legal nature of Advance Directives, providers may wish to consult with their own legal counsel regarding federal regulations.

Periodic Notice of Enrollees' Rights

Written and oral information that informs enrollees of their right to file an internal grievance or appeal and the procedures for exercising this right, as well as the right to appeal an action as identified herein to a State fair hearing upon exhaustion of the internal process, shall be provided to new enrollees upon first admission to the LIHP, along with the LIHP Enrollee Handbook.

- Grievance and Appeal
- Notice of the grievance, appeal and fair hearing procedures and timeframes will be provided to all providers within the LIHP network at the time they enter into a contract, or when the LIHP begins, whichever is earlier.
- The LIHP will provide any reasonable assistance in completing forms and taking other procedural steps. This includes, but is not limited to, providing interpreter services and toll-free numbers that have adequate TTY-TTD and interpreter capability for all stages of the grievance and appeal processes, at no cost to applicants or enrollees.

ENROLLEE PROBLEM RESOLUTION PROCESS

The LIHP is strongly committed to honoring the rights of every enrollee to have access to a fair, impartial, effective process through which the enrollee can seek resolution of a problem

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encountered in accessing or receiving quality medical and mental health services. All contracted providers are required to participate fully in the Enrollee Problem Resolution Process (Grievance and Appeal Process).

Enrollees shall not be subject to any discrimination, penalty, sanction or restriction for filing a grievance/appeal. The enrollee shall not be discouraged, hindered or otherwise interfered with in seeking or attempting to register a grievance/appeal. Additionally, the enrollee is not required to present a grievance/appeal in writing and shall be assisted in preparing a written grievance/appeal, if requested.

Definitions

- An “action” is:
 - A denial or limited authorization of a requested LIHP service, including the type or level of service.
 - A reduction, suspension, or termination of a previously authorized service.
 - A failure to provide the LIHP services in a timely manner pursuant to the Special Terms and Conditions of the California Bridge to Reform Demonstration for the LIHP.
 - A failure of the LIHP to act within the timeframes for grievances and appeals as outlined herein.
- A “grievance” is an expression of dissatisfaction about any matter other than an action, as “action” is defined above.
- An “appeal” is defined as a request for review of an action, as defined above.

Problem Resolution at Provider Sites of Service

Enrollees are encouraged to direct their suggestions directly to the staff or management at the site where they have received services. This can be done orally or in writing. In attempting to reach resolution consistent with confidentiality requirements, staff or management shall utilize whatever information, resources and/or contacts the consumer agrees to.

Providers shall inform all enrollees about their right to file a grievance with the LIHP ASO if the enrollee has an expression of dissatisfaction about any matter, is uncomfortable approaching clinic or program staff, or the dissatisfaction has not been successfully resolved at the site of service.

Grievance Process

Timeline: The enrollee must file an internal grievance within 60 calendar days of the incident giving rise to the grievance. In turn, the LIHP has 60 calendar days from receipt of grievance to resolution, with a possible 14-day extension for good cause.

A “Grievance” has been defined as an expression of dissatisfaction about any matter other than an action. Grievances will not be appealable to a State Fair Hearing.

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An LIHP enrollee may contact the ASO for a grievance about the LIHP services which the enrollee was not able to resolve satisfactorily at the site of service. If the enrollee contacts a Patient Advocacy Organization rather than the ASO with a complaint, the ASO will be contacted by the Patient Advocacy Organization and the grievance process will be initiated with the ASO as appropriate.

The enrollee may submit a Grievance by sending a signed statement within 60 calendar days of the date of the irreconcilable encounter to:

LIHP Customer Service Supervisor
P.O. Box 23667
San Diego, CA 92193

The LIHP shall acknowledge in writing receipt of Grievance within 3 working days of receipt. If the signed statement is sent after 60 calendar days, the enrollee must explain the reason in that statement as to why the request for grievance was received late. The LIHP shall review and send the written decision to the enrollee within 45 calendar days of receiving the statement.

- The decision maker must not be involved in any previous level of review or decision making.
- The decision maker in the following cases must be a health care professional with the appropriate clinical expertise in treating the enrollee's condition or disease: A grievance regarding denial of expedited resolution of an appeal, or a Grievance that involves clinical issues.

Administrative Review

If the provider and ASO cannot successfully resolve the enrollee's grievance or appeal, the ASO will issue a finding, to be sent to the enrollee and provider, which may include the need for a Plan of Correction to be submitted by the provider to the ASO Medical Director or designee within 10 days of receipt. In the rare instances when the provider disagrees with the disposition of the grievance and/or does not agree to write a Plan of Correction, the provider may write to the ASO Medical Director or designee within 10 days, requesting an administrative review. The ASO Medical Director or designee shall have the final decision about needed action. If needed, administrative review of the grievance will be conducted by the governing body of the LIHP Quality Management Unit.

Appeal Process

- Timeline: Enrollees must file an appeal of action within 60 calendar days of the date of the notice of action. The ASO must mail written notice containing the resolution of the appeal within 45 calendar days of receipt of the appeal. Timeframes on the resolution of the appeal may be extended by up to 14 calendar day if either the enrollee requests it, or the

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ASO can show (to the satisfaction of the State DHCS upon its request) that there is a need for additional information and how the delay is in the enrollee's interest.

- Oral inquiries seeking to appeal an action will be treated as an appeal and confirmed in writing by the ASO unless the applicant, enrollee or provider requests expedited resolution. The request for expedited resolution may be made orally or in writing.
- Enrollees and their representatives will have the opportunity, before and during the appeals process:
- To examine the LIHP's position statement related to the reason services are delayed, denied or withdrawn by the LIHP, the enrollee's case file, including medical records, and any other documents under consideration in the appeal, and
- To confront and cross-examine adverse witnesses.
- Enrollees and their representatives will be provided a reasonable opportunity to present evidence and allegations of fact or law, and cross examine witnesses, in person, in writing, or by telephone if requested by the individual.
- In regard to the option for enrollees and their representatives to present evidence via the telephone, hearings can be conducted by telephone or video conference in lieu of an in-person hearing. Such hearings conducted in this manner must meet the following criteria:
- Telephonic hearings may be requested by the individual, at any stage of the appeals process, free of charge,
- The individual must receive a written notice that a hearing can be conducted by telephone or video conference in lieu of an in-person hearing. Such notice must contain information about the process for an individual to review the records, submit evidence, and receive reimbursement for costs in accordance with this policy.
- Enrollees and their representatives must have the opportunity, before, and during the appeals process, to examine the LIHP's position statement, the enrollee's case file, including medical records, and any other documents under consideration in the appeal.
- Enrollees and their representatives must be able to submit evidence and any other documents for consideration during the appeal.
- The record will be kept open for 15 calendar day to permit enrollees and their representatives to submit evidence and any other documents for consideration in the appeal after the hearing has concluded.
- Enrollees and their representatives must be able to obtain reimbursement of enrollee costs in order to attend an in-person hearing, i.e. transportation.
- Change in Process
- At any point prior to or during a telephone or video conference hearing, at the request of either party or on the motion of the judge, an in-person hearing can be ordered.

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- If an individual has an in person hearing scheduled, he or she may request a telephonic hearing 24 hours prior to the hearing date.

Appeals are enrollee or provider requests for reviews of actions by the LIHP regarding provision of services through an authorization process, including:

- Reduction or limitation of services
- Reduction, suspension or termination of a previously authorized service
- Denial of, in whole or part, payment for services
- Failure to provide services in a timely manner.

Appeals may be initiated in writing or verbally by the enrollee or provider with the ASO. The ASO organization will contact the enrollee or provider within three (3) working day of receiving the appeal. The ASO shall investigate the appealed matter. The LIHP (ASO Medical Director or designee) will review the appeal and make a decision on the appealed matter.

The enrollee may send a written appeal within 60 calendar day from the date of the Denial decision notice to:

LIHP Customer Service Supervisor
P.O. Box 23667
San Diego, CA 92193

The ASO Customer Service Supervisor shall explain the enrollee's rights and inform the enrollee what steps need to be taken to initiate an Appeal. The ASO shall send the enrollee a written decision by certified mail within 20 County business day after receiving an appeal.

- The decision maker must not be involved in any previous level of review or decision making.
- The decision maker in the following cases must be a health care professional with the appropriate clinical expertise in treating the enrollee's condition or disease:
- An appeal of a denial based on lack of medical necessity.
- An appeal that involves clinical issues.

Expedited Appeal Process

Timeline:

- Expedited resolution of appeals – the LIHP must mail written notice within 3 working day of receipt of the appeal. In addition, reasonable efforts to provide oral notice will be made.
- Timeframes on the above may be extended by up to 14 calendar days if either the enrollee requests it, or the ASO can show (to the satisfaction of the State DHCS upon its request) that there is a need for additional information and how the delay is in the enrollee's interest.

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- When the standard appeal process could seriously jeopardize the enrollee's life or health or ability to attain, maintain, or regain maximum function, an enrollee may file a request for an expedited appeal, necessitating a very rapid turnaround from grievance to resolution. The request for expedited resolution may be made orally or in writing.

The ASO Medical Director or designee will make a decision if the request for an expedited appeal is granted by the third working day after receipt of request for the expedited appeal, and will notify the enrollee and the provider of the decision. If so, the ASO must make an expedited authorization decision and provide notice of the authorization decision as expeditiously as the enrollee's health condition requires and no later than 3 working days. The 3 working days' time period may be extended by up to 14 calendar days if the enrollee requests an extension or if the LIHP justifies a need for additional information and how the extension is in the enrollee's interest.

State Fair Hearings

LIHP enrollees filing an appeal may request a State Fair Hearing, after exhausting the LIHP Enrollee Appeal Process with the ASO.

- Matters outside the scope of the grievance and appeal process, including the right to a State Fair Hearing, include:
 - The sole issue is one of Federal or State law or policy, LIHP protocols approved under the Demonstration Standards, Terms and Conditions (STC). (42 C.F.R. 431.230(1).)
 - The establishment of and any adjustments to the upper income limit made by the LIHP, in accord with STC 58(b).
 - The establishment by an LIHP of enrollment caps of HCCI, and if as the result of such cap the HCCI is completely closed, establishment of enrollment caps for MCE. (STC 58(c).)
 - The establishment by an LIHP of wait lists as a result of enrollment caps created in accord with STC 58(c). (STC 58(d).)
 - The requirement that an LIHP make a timely eligibility determination is waived with respect to individuals' eligibility for a capped program while those individuals are placed on a county wait list for that program. The County's determination to place individuals on a wait list, rather than enrolling them in the capped program directly, is not subject to appeal. Nothing in this provision shall preclude those individuals from appealing the County's determination of eligibility for other programs.
- A State fair hearing may be requested within 90 calendar days of the date of the Notice of Resolution of the internal appeal of an action.
- The State will take final administrative action in accord with 42 CFR 431.244(f)(1), or 431.244(f)(2), if applicable.

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- The LIHP will be a party to the State fair hearing.
- Continuation of benefits during an appeal of action or a State fair hearing
- The enrollee's benefits must be continued if:
 - An enrollee's eligibility is terminated or reduced;
 - The appeal involves the termination, suspension, or reduction of a previously authorized course of treatment;
 - The services were ordered by an authorized provider;
 - The original period covered by the original authorization has not expired;
 - The enrollee or provider (on behalf of the enrollee) timely files an appeal; and
 - The enrollee requests extension of benefits.
- "Timely filing" as used in this section means filing on or before the later of either:
 - Ten (10) calendar days from the mailing of the notice of action
 - The intended effective date of the proposed action.
 - In the case of a State fair hearing, 10 calendar days from the date of the internal appeal decision.
- Benefits that are continued under this section shall be continued until:
 - The enrollee withdraws the appeal;
 - Ten (10) calendar days pass after the mailing of a notice resolving the internal appeal adverse to the enrollee, unless the enrollee requests a State fair hearing with continuation of benefits within 10 calendar days of the issuance of the internal appeal decision;
 - A State fair hearing decision adverse to the enrollee is issued,
 - As ordered by the Administrative Law Judge at the State fair hearing, in limited permissible circumstances, such as 431.230(a)(1); or
 - The time period or service limits of a previously authorized service has been met.
- If the final resolution of the internal appeal or the state fair hearing is adverse to the enrollee, the LIHP may recover the cost of the services furnished to the enrollee while the appeal is pending, to the extent they were furnished solely because of the requirements of this section of the procedures.
- If services were not furnished pending the internal appeal or the State fair hearing, and the resolution of the appeal reverses an action to deny, limit, or delay services, the LIHP must provide the disputed services promptly, and as expeditiously as the enrollee's health condition requires.

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- If the enrollee received disputed services while the internal appeal or the State fair hearing was pending, and the resolution reverses a denial of services, the LIHP must cover such services.

Monitoring the Enrollee Problem Resolution Process and Medical Grievance & Appeal Process

The ASO, operating from a shared concern with providers about improving the quality of care and service, shall review feedback from the Grievance and Appeal process as a reflection of potential problems with service effectiveness and/or efficiency and as an opportunity for positive change. Information on problems may be incorporated into the ongoing Quality Management Plan, contract monitoring and/or credentialing process.

ENROLLEE NOTIFICATION OF ACTION ON SERVICES (NOA PROCESS)

The following Notice of Action (NOA) forms or Position Statements will be used to notify enrollees about service provision:

- Notice of the grievance, appeal and fair hearing procedures and timeframes will be provided to all enrollees at the same time that a Notice of Action is issued. Notices regarding standard authorization of service that deny or limit services will be provided as expeditiously as the enrollee's health condition requires and within 14 calendar days following receipt of the request for service. The timeframe may be extended for up to 14 additional calendar days if the enrollee or provider requests the extension, and the ASO justifies (to the State agency upon request) a need for additional information and how the extension is in the enrollee's interest.

Issuing of an NOA begins the 90-day period that an enrollee has to file for a State Fair Hearing.

The following procedures shall be followed by ASO when issuing a Notice of Action–Mental (NOA–M), Notice of Action Physical (NOA–P):

- The Notice of Action – Mental Health Form is utilized in the event a mental health service is denied. Written notification is mailed to the enrollee within 14 days of receipt of the request for service. The enrollee has the option to employ the Enrollee Problem Resolution Process to voice dissatisfaction with the denial of services.
- The Notice of Action – Physical Health Form is written notification to the enrollee that their request for specialty medical services was denied. Written notification is mailed to the enrollee within 14 days of receipt of the request for service.

The NOA form informs the LIHP enrollee of the following:

- The intended denial
- Reason for denial (including statutory and regulatory references, if applicable);
- The effective date of the action

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- Enrollee's right to a second opinion
- The Appeal process and the enrollee's right to file an appeal
- The circumstances under which expedited resolution is available and how to request it
- Right to a State Fair Hearing (once local process has been exhausted)
- Criteria for an expedited State Fair Hearing
- The circumstances under which benefits are continued and how to request it. (42 CFR 438.404.)
- LIHP Monitoring Reporting

The ASO will maintain a health information system that collects, analyzes and integrates the data necessary to implement the grievance and appeals process on a quarterly basis..

- Time Period(s) Covered
- Average Number of LIHP enrollees in the time period
- Total number of appeal and the total number of grievance cases received by the LIHP or the State in the period;
- Rate of Appeals and the rate of grievances
- Number and percent of cases resolved internally and through the fair hearing process, and outcomes of cases in the period inclusive of;
 - Number and percent decided in fully favor of the LIHP enrollee
 - Number and percent decided partially in favor of the LIHP enrollee
 - Number and percent not decided in favor of the LIHP enrollee
 - Number and percent withdrawn by the LIHP enrollee;
 - Number and percent of cases resolved through the fair hearing process, using telephonic procedures
 - Number and percent decided in fully favor of the LIHP enrollee using telephonic procedures
 - Number and percent decided partially in favor of the LIHP enrollee using telephonic procedures
 - Number and percent not decided in favor of the LIHP enrollee using telephonic procedures
 - Number and percent withdrawn by the LIHP enrollee using telephonic procedures;
- Issues involved in all cases.
- Time it takes to resolve the cases (upper and lower limits, median/mean)
 - Number and percent of these cases involving expedited processing; and
- Quality Improvement activities related to issues identified through the County's LIHP.

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Attachment C – LIHP Quality & Utilization Management

The ASO will coordinate QM and UM efforts and provide case management and/or care coordination to LIHP/CMS enrollees with complex health conditions and co-morbidities who may be at risk for adverse outcomes, under or over-utilization of services.

Identification, Risk Stratification and Health Risk Assessment:

- The ASO utilizes predictive modeling and care management models to risk stratify enrollees.
 - Chronic Disease – e.g. Asthma, HTN, Diabetes
 - Pharmacy Data—Diabetes, Narcotic Use
 - Inpatient Bed Days
- The ASO classifies enrollees as High, Moderate, or Low Risk
- The ASO determines the priority and frequency of outreach activities based on risk level of the client.

Implement & Monitor:

The efforts of Case Management and Care Coordination address:

- Hospital utilization
- Emergency Department utilization
- Specialty care referral utilization
- High-cost, high-need beneficiaries
- Quality Management Measures
- Provider access and network adequacy
- Cultural competency/sensitivity
- Status of the FQHCs as patient-centered medical homes
- Assist/facilitate county compliance with the LIHP Access Standards
- Integration of mental health and physical health care services

The LIHP/CMS Quality Management committee (formerly known as the CMS/CI Quality Management Committee) will maintain oversight of the LIHP/CMS Case Management/Care Coordination. The Quality Management Committee, chaired by the Medical Director of the ASO, is comprised of the LIHP primary care and specialty providers along with ASO and HHSA representatives. The committee oversees the development and implementation of the annual quality management plan. All providers are required to follow the requests for data and the implementation plans for quality improvement as delineated in the LIHP Annual QM plan.

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Attachment D – LIHP Cultural Competency

Reference: LIHP STC 73, 42 C.F.R. § 438.206(c)(2), 42 C.F.R. § 438.100(a),(b), (c).

Background:

Based on the LIHP STC 73, 42 C.F.R. § 438.206(c)(2), 42 C.F.R. § 438.100(a),(b), (c) and Title VI of the Civil Rights Act of 1964, U.S. Code 2000(d)– when a need is determined, the County of San Diego Health and Human Services Agency’s (HHSA) Low Income Health Program (LIHP) shall ensure that a process is in place for accommodating and referring clients to available culturally and linguistically appropriate services. Title VI of the Civil Rights Act of 1964 prohibits the denial of access to federally assisted programs and activities because of limited English proficiency. Providers are required to provide language assistance to persons with Limited English Proficiency (LEP) to ensure them equal access to programs and services.

Purpose:

To ensure that all enrollees receiving services within the LIHP network of care, e.g., clinics, providers, and hospitals providing LIHP scope of services, have been evaluated for their need for culturally and linguistically specialized services, and linked with these services or referred appropriately.

Policy:

Cultural competence is a key element in providing high-quality health care to the diverse population of San Diego County. The LIHP will make ongoing progress to assure that culturally and linguistically competent services are available to meet the needs of the enrollees.

Enrollees have a right to a choice of providers whenever possible, and cultural and linguistic preferences shall be considered in making appropriate referrals. At the point of entry into a network clinic, provider, or hospital, the cultural and linguistic needs of an individual shall be assessed and all reasonable efforts shall be made to accommodate, refer, or link the enrollee to appropriate services reflecting those preferences. In this context, cultural needs may include special referral needs, such as homelessness. Enrollees shall be informed of the availability of free interpretation services. Written materials specified by state and federal regulations shall be available in threshold languages.

Free interpreter services shall be available to enrollees with Limited English Proficiency (LEP), in their primary language to assist in the delivery of health and mental health services, and non-medical care services, e.g., customer service, orientations, appointment scheduling, etc. This service is available for the LIHP network of care. Other limited or specific interpreter services may be approved by the Contracting Officer’s Technical Representative (COTR).

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Procedure:

The LIHP will ensure ongoing progress toward meeting service availability based on the cultural and linguistic needs of the enrollees requiring physical health and mental health services by:

1. Analyzing demographic information changes periodically to determine or identify gaps in service provision.
2. Reflecting cultural and linguistic needs in strategic plans, policies and procedures, human resource training and recruitment, and contracting requirements.
3. Ensuring Clinical Practice Standards for Cultural Competence will be incorporated in physical and mental health service provision.
4. Periodically assessing and adjusting contract language to reflect changing cultural competence needs in the selection of contract providers.
5. Providing and fostering the provision of training in cultural competencies on a wide variety of cultures, including client culture, sensitivity or diversity training for staff, providers, administration, and interpreter services.
6. Analyzing enrollee and staff satisfaction survey results, and grievances and appeals, to determine areas of needed cultural and linguistic service improvement.

All enrollees with LIHP shall be informed in a language they understand that they have a right to free oral interpretation assistance. The availability of free interpretation assistance will be publicized in the LIHP Provider Handbooks and Enrollee Handbooks. Fully translated written informing materials are available to all LIHP enrollees.

LIHP Provider Expectations:

1. Providers shall inform enrollees of their right to receive help from an interpreter and document the response to the offer. Upon request of the enrollee, providers shall arrange for the enrollee's preferred type of language assistance.
2. Providers are expected to support staffs' language competency for languages provided within the provider site. If providers' staff can meet the need for language assistance, then they shall provide the services.
3. If the provider or staff cannot meet the need for language service, then the provider or staff shall arrange for interpreter services.

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4. Interpreter services through use of a language line **do not** require advanced scheduling. If the enrollee desires or requires another method for interpretation, then the clinic should arrange for this. In-person interpreter services require prior scheduling through the ASO.

Securing Interpreter Services:

NOTE: Different processes for telephonic and in-person interpreter services

1. For language line interpreter services, once the provider and enrollee are ready for interpreter service, contact one of the interpreter services listed below (services are listed in order of preference). Follow the telephone instructions and you will be connected with an interpreter:
 - a. CTS Language Line – 1-877-650-8027, use the LIHP account number 10213, and provide requested information,
 - b. Language Line – 1-866-874-3972, use the LIHP account number 598121, and follow the prompts.
2. For in-person interpreter services including American Sign Language, the clinics must schedule these at least five business days in advance. Scheduling is done through the ASO. To schedule:

Contact the ASO's Provider line at 858-658-8650 to request Interpreter services. Provide the type of service requested, in-person or in-person ASL. **Include:** enrollee name; date of birth; LIHP enrollment number; date, time, and language requested; nature of appointment, e.g., established primary care. Also include, requester's name, phone number, fax number, agency name; clinic name and address where service will be provided; and the site contact and phone number, if different than requesters.

- a. Request must be submitted at least 5 business days prior to scheduled appointment.
- b. Once enrollee eligibility is verified, the service will be approved, and the ASO will arrange for the service. A faxed Service Authorization Form will then be sent to the clinic as a confirmation of service.

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- c. After the Interpretation Service is completed at the clinic, the clinic must fill in Section B of the Service Authorization Form and fax it back to the ASO at 855-394-7927.
 - d. A “qualified” interpreter will be requested, as “certified” interpreters are requested primarily for legal cases.
3. **IMPORTANT:** Providers are requested to CANCEL any scheduled services that are not needed by contacting the ASO immediately after it is determined that the services will not be needed. Services must be cancelled at least 48 hours in advance, or it will still be billed to the LIHP.
- *Please share this information with all staff/enrollees/family members and ask them to contact their provider in a timely manner when they must cancel an appointment utilizing interpreter services.*
 - *As a courtesy, we ask the clinics to attempt to confirm the enrollee's appointment and his or her need for interpreter service at least two business days prior to the appointment.*

Payment of Invoices:

NOTE: Different billing processes for telephonic and in-person interpreter services

1. Language line interpretation services – once interpretation services are completed, the clinic using the services must confirm with the County that the services were provided. Clinics must complete the Billing Authorization Form and include the following information: Name of Clinic providing enrollee service, Interpreter service used, Date of Service, Time of Service, LIHP Enrollee's full name, LIHP Enrollee's date of birth, and Enrollee's LIHP #.
 - a. The completed Billing Authorization Form should be faxed to 858-492-2265, Attention Emmie Razon, or mailed to Health Care Policy Administration, Attention: Emmie Razon, 8840 Complex Dr. Suite 255 San Diego, CA 92123.
 - b. The faxed clinic confirmations will be crossed checked with the County's interpreter service invoices. Any clinics failing to provide confirmation faxes with required

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information within three business days of service will be charged for the service until information is provided and proof of LIHP enrollee is confirmed.

2. In-person interpretation services – complete section B of the Service Authorization Form (SAF) and fax the form back to the ASO at 855-394-7927. This form must be completed for all scheduled interpreter request even if the enrollee requesting service is a “no-show” for the appointment. This should be indicated on the form. Any clinics failing to provide the completed form within three business days of scheduled interpreter services will be charged for the service until information is provided and proof of LIHP enrollee is confirmed.

Interpreter Service Provider Vendors:

CTS Language Line (Interpreter Service, Telephone Based) – 1-877-650-8027,

Language Line (Interpreter Service, Telephone Based) – 1-866-874-3972,

Interpreters Unlimited (Interpreter Service, In-person) – 1-800-726-9891

Deaf Community Services (Interpreter Service, ASL – Deaf and hearing impaired) – 619-398-2488

Telecommunications Device (TDD) or (TTY) – 619-398-2440

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SERVICE AUTHORIZATION FORM INSTRUCTIONS
For In-person Interpreter Services

LIHP Enrollee Interpreter Services Form – Access and Authorization Instructions

Instructions:

The purpose of the Service Authorization Form (SAF) is to confirm with the requesting clinic that in-person or in-person American Sign Language (ASL) interpreting service has been arranged at the clinic's request for a LIHP enrollee. The LIHP provider clinic will utilize this form for verification that authorized, scheduled, interpreting services were provided OR canceled, and when they were canceled. This form will also be used for ensuring appropriate payment for interpreter services for the LIHP.

Clinics **MUST complete Section B** of the SAF once interpreting service is provided or canceled, and fax the form back to the LIHP at 855-394-7927.

Instructions for the Clinics for Completing Section B:

- If services were provided: provide the service date, actual start time, actual end time, and the name of the interpreter.
- If services were canceled: provide the date and time that the service request was canceled.
- Provide your initials and date to indicate that you verify the information in Section B is accurate.
- FAX the SAF with Section B completed to the Administrative Service Organization (ASO) for the LIHP at 855-394-7927.

NOTE: It is an expectation that all programs will make every effort to develop bilingual/bicultural staff to reflect the population they serve. In this way, services will be delivered in a culturally competent manner, in the client's preferred language, and interpreter services will be utilized more efficiently by everyone.

IMPORTANT: Providers are requested to CANCEL any scheduled interpreter services that are not needed by contacting the ASO at 858-658-8650 immediately after it is determined that the services will not be needed. Services must be canceled at least 48 hours in advance, or it will still be billed to the LIHP; however, notification of all canceled services must be made.

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SERVICE AUTHORIZATION FORM

LIHP Enrollee Interpreter Service Form – Access and Authorization Form

Instructions:

ASO: To request interpreter services, please complete Client Information, Service Information Section A, Requester Information, and then sign. Fax completed form to the selected interpreter service provider AND the requesting clinic.

CLINICS: Complete Service Information **Section B** after services have been provided or canceled, and fax the form back to the LIHP ASO, 855-394-7927. This form **MUST** be faxed back for the purpose of payment.

Please “X” the Provider Selected:

	Service Provider:	Phone:	Fax#:	Type of Interpreting:
<input type="checkbox"/>	Interpreters Unlimited	800-726-9891	800-726-9822	Oral/Spoken, In-person
<input type="checkbox"/>	Deaf Community Serv. of SD, Inc.	619-398-2488	619-398-2490	American Sign Language

Client Information:

The County of San Diego, LIHP has authorized the following interpreting service for:

Client Name: _____ Date of Birth: _____

LIHP Enrollee #: _____ Eligibility Dates: _____

Language Requested: _____ Nature of Appointment: _____

Service Information:

Section A:			Section B:			
Date:	Requested:		Actual:		Interpreter's Name: (If Services were canceled, please write "Canceled")	Verified By: (Initial Date)
	Start Time	End Time	Start Time	End Time		

Requester Information:

Requester:

- Name: _____
- Phone: _____
- Fax: _____
- Agency Name: _____

Manager/Designee Approved By:

(Print Name) _____ (Date) _____

(Signature) _____ (Date) _____

Service Address: _____

Site Contact:

Name: _____

Phone Number (if different): _____

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BILLING AUTHORIZATION FORM

LIHP Enrollee Interpreter Billing Form – language line interpreter services

Instructions:

CLINICS: Please complete the following form after using a language line interpreter service. This will verify that these services have been provided to a LIHP enrollee for the purpose of invoice payment. This form should be faxed back to the County at 858-492-2265, Attn: Emmie Razon or mailed to the County at: Health Care Policy Administration, Attn: Emmie Razon, 8840 Complex Drive, Ste. 255, San Diego, CA 92123.

Please provide all of the following information:

Client Information:

Interpreter services have been provided for the following LIHP enrollee:

Client Name: _____ Date of Birth: _____

LIHP Enrollee #: _____ Eligibility Dates: _____

Language Requested: _____ Nature of Appointment: _____

Service Information:

Name of Interpreter Service: _____

Date of Service: _____

Time of Service: _____

Requester Information:

Name of Clinic: _____

Phone number: _____

Address: _____

Site Contact:

Name: _____

Phone Number (if different): _____

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Attachment E – LIHP Primary Care Clinic QM Plan

LIHP Primary Care Clinic QM Plan Approved for 2012

Chronic Disease	Monitoring Parameters	Sources/Benchmark
DIABETES (all ages) <ul style="list-style-type: none"> HbA1c LDL Blood Pressure 	<9.0 <100 <140/90	HbA1c: UDS, HEDIS, MU, AQIC LDL: HEDIS, MU, AQIC BP: HEDIS, UDS, MU
HYPERTENSION <ul style="list-style-type: none"> Blood Pressure 	<140/90	UDS, HEDIS, ALL, MU, Right Care
ASTHMA <ul style="list-style-type: none"> Persistent asthma 	Use of appropriate medications for people with Asthma	HEDIS
Smoking Cessation <ul style="list-style-type: none"> All LIHP 	Preventive Care screening with smoking and tobacco use cessation	UDS, HEDIS, MU
CAD	Persistence of Beta Blocker treatment after heart attack	HEDIS
Mental Illness	Follow up after hospitalization for mental illness	HEDIS
Chronic Disease	Monitoring Parameters	Sources/Benchmark
CVC	LDL < 100	HEDIS, Right Care

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Attachment F – LIHP Network Dental Locations

Comprehensive Health Center

3177 Ocean View Boulevard
San Diego, CA 92113
(619) 231-9300

Fallbrook Family Health Center

1328 South Mission Road
Fallbrook, CA 92028
(760) 451-4720

Family Health Centers San Diego –**Grossmont/Spring Valley Dental**

8788 Jamacha Road
Spring Valley, CA 91977
(619) 515-2330

Family Health Centers San Diego – Logan**Heights Dental Clinic**

1809 National Avenue
San Diego, CA 92113
(619) 515-2394

Family Health Centers San Diego – North**Park/Hillcrest Dental Clinic**

3544 30th Street
San Diego, CA 92104
(619) 515-2434

La Maestra Family Clinic – El Cajon

183 South First Street
El Cajon, CA 92019
(619) 328-1335

La Maestra Family Clinic

4305 University, Suite 120
San Diego, CA 92105
(619) 285-8135

Neighborhood Healthcare –**Lakeside Dental**

10039 Vine Street
Lakeside, CA 92040
(619) 390-9975

Neighborhood Healthcare – Pauma Valley

16650 Hwy. 76
Pauma Valley, CA 92061
(760) 742-9919

Neighborhood Healthcare – Ray M.**Dickinson Wellness Center**

425 North Date, Suite 125
Escondido, CA 92025
(760) 737-2018

Operation Samahan – Camino Ruiz

10737 Camino Ruiz, Suite 235
San Diego, CA 92126
(858) 578-4220

Operation Samahan—Highland

2743 Highland Avenue
National City, CA 91950
(619) 474-2284

San Ysidro Health Center

4004 Beyer Boulevard
San Ysidro, CA 92173
(619) 662-4180

Vista Community Clinic

1000 Vale Terrace
Vista, CA 92084
(760) 631-5000

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***Alvarado Hospital**

6655 Alvarado Road
San Diego, CA 92120
(619) 287-3270

Fallbrook Hospital District

624 East Elder Street
Fallbrook, CA 92028
(760) 728-1191

***Palomar Hospital Medical Center**

555 East Valley Parkway
Escondido, CA 92025
(760) 739-3000

***Paradise Valley Hospital**

2400 East Fourth Street
National City, CA 91950
(619) 470-4321

***Pomerado Hospital**

15615 Pomerado Road
Poway, CA 92064-2405
(858) 613-4000

***Promise Hospital of San Diego**

5550 University Avenue
San Diego, CA 92105
(619) 582-3516

Scripps Memorial – Encinitas

354 Santa Fe Drive
Encinitas, CA 92024
(760) 753-6501

Scripps Memorial – La Jolla

9888 Genesee Avenue
La Jolla, CA 92037
(858) 457-4123

***Scripps Mercy Hospital**

4077 Fifth Avenue
San Diego, CA 92103
(619) 294-8111

Scripps Mercy Hospital – Chula Vista

435 H Street
Chula Vista, CA 91910
(619) 691-7000

Sharp Chula Vista Medical Center

751 Medical Center Court
Chula Vista, CA 91911
(619) 482-5800

Sharp Coronado Hospital

250 Prospect Place
Coronado, CA 92118
(619) 522-3600

***Sharp– Grossmont Hospital**

5555 Grossmont Center Drive
La Mesa, CA 91942
(619) 740-6000

Sharp Memorial Hospital

7901 Frost Street
San Diego, CA 92123
(858) 939-3400

***Tri–City Medical Center**

4002 Vista Way
Oceanside, CA 92056
(760) 724-8411

***UCSD Medical Center**

200 West Arbor Drive
San Diego, CA 92103
(619) 543-6222

UCSD Thornton Hospital

9300 Campus Point Drive
La Jolla, CA 92037
(858) 550-0115

*** Hospitals that provide inpatient
psychiatric services.**

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*****Alvarado Parkway Institute**

7050 Parkway Dr.
La Mesa, CA 91942
(619) 465-4411

***Promise Hospital of San Diego**

5550 University Avenue
San Diego, CA 92105
(619) 582-3800

*****Aurora Behavioral Healthcare of San Diego**

11878 Avenue of Industry
San Diego, CA 92128
(858) 487-3200

***Scripps Mercy Hospital**

4077 Fifth Avenue
San Diego, CA 92103
(619) 294-8111

****Bayview Hospital**

330 Moss St.
Chula Vista, CA 91911
(619) 426-6310

***Sharp – Grossmont Hospital**

5555 Grossmont Center Drive
La Mesa, CA 91942
(619) 740-6000

***Palomar Pomerado Health System**

555 East Valley Parkway
Escondido, CA 92025
(760) 739-3240

*****Sharp Mesa Vista**

7850 Vista Hill Ave.
San Diego, CA 92123
(858) 278-4110

***Paradise Valley Hospital**

2400 East 4th Street
National City, CA 91950
(619) 470-4321

***Tri-City Medical Center**

4002 Vista Way
Oceanside, CA 92056
(760) 940-7396

***Pomerado Hospital**

15615 Pomerado Road
Poway, CA 92064-2405
(858) 613-4000

***UCSD Medical Center**

415 Dickinson Street
San Diego, CA 92103
(619) 543-6222

* Hospitals that provide inpatient psychiatric services

** Psychiatric hospital services only

*** Psychiatric Hospital services for 19 and 20 year-olds only

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Attachment F – LIHP Network Primary Care Clinics

BORREGO SPRINGS MEDICAL CENTER

4343 Yaqui Pass Road
Borrego Springs, CA 92004
(760) 767-5051

Centro Medico – El Cajon

396 North Magnolia
El Cajon, CA 92020-3954
(619) 401-0404

Borrego Julian Medical Clinic

2721 Washington Street
Julian, CA 92036
(760) 765-1223

COMMUNITY HEALTH SYSTEMS

Fallbrook Family Health Center

1328 South Mission Road
Fallbrook, CA 92028
(760) 451-4720

FAMILY HEALTH CENTERS (FHC) OF SAN DIEGO

Beach Area FHC

3705 Mission Boulevard
San Diego, CA 92109
(619) 515-2444

Chase Avenue FHC

1111 West Chase Avenue
El Cajon, CA 92020
(619) 515-2499

Chula Vista FHC

251 Landis Avenue
Chula Vista, CA 91910
(619) 515-2500

City Heights FHC

5454 El Cajon Boulevard
San Diego, CA 92115
(619) 515-2400

FAMILY HEALTH CENTERS (FHC) OF SAN DIEGO (continued)

Diamond Neighborhoods FHC

220 Euclid Avenue, Suite 40
San Diego, CA 92114
(619) 515-2560

Downtown FHC

1145 Broadway
San Diego, CA 92101
(619) 515-2525

Elm Street FHC

140 Elm Street
San Diego, CA 92101
(619) 515-2520

Grossmont/Spring Valley FHC

8788 Jamacha Road
Spring Valley, CA 91977
(619) 515-2555

Lemon Grove FHC

7592 Broadway
Lemon Grove, CA 91945
(619) 515-2550

Logan Heights FHC

1809 National Avenue
San Diego, CA 92113
(619) 515-2300

North Park FHC

3544 30th Street
San Diego, CA 92104
(619) 515-2424

Sherman Heights FHC

2391 Island Avenue
San Diego, CA 92102
(619) 515-2435

County of San Diego Low Income Health Program (LIHP)

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IMPERIAL BEACH HEALTH CENTER

949 Palm Avenue
Imperial Beach, CA 91932
(619) 429-3733

Nestor

1016 Outer Road
San Diego, CA 92154
(619) 429-3733

LA MAESTRA FAMILY CLINIC

4060 Fairmount Avenue
San Diego, CA 92105
(619) 280-4213

El Cajon

165 South First Street
El Cajon, CA 92019
(619) 779-7900

National City Clinic

217 Highland Avenue
National City, CA 91950
(619) 434-7308

MOUNTAIN HEALTH & COMMUNITY SERVICES

Alpine Family Medicine

1620 Alpine Boulevard #B119
Alpine, CA 91901
(619) 445-6200

Escondido Family Medicine

255 North Ash Street, Suite 101
Escondido, CA 92027
(760) 745-5832

Mountain Empire Family Medicine

31115 Highway 94
Campo, CA 91906
(619) 478-5311

MOUNTAIN HEALTH & COMMUNITY SERVICES (continued)

25th Street Family Medicine

316 25th Street, Ste 101
San Diego, CA 92102
(619) 238-5551

NEIGHBORHOOD HEALTHCARE

El Cajon

855 East Madison
El Cajon, CA 92020
(619) 440-2751

Lakeside

10039 Vine Street
Lakeside, CA 92040
(619) 390-9975

Escondido – North Elm

460 North Elm Street
Escondido, CA 92025
(760) 737-2000

Escondido – Grand

1001 E. Grand Ave.
Escondido, CA 92025
(760) 520-8200

Pauma Valley

16650 Highway 76
Pauma Valley, CA 92061
(760) 742-9919

Ray M. Dickinson Wellness Center

425 North Date Street, Suite 203
Escondido, CA 92025
(760) 520-8300

NORTH COUNTY HEALTH SERVICES

Ramona Health Center

217 East Earlham Street
Ramona, CA 92065
(760) 789-1223

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Attachment F – LIHP Network Primary Care Clinics

OPERATION SAMAHAN INC.**Health Clinic**

10737 Camino Ruiz, Suite 235
San Diego, CA 92126
(858) 578-4220

Family Clinic

2743 Highland Avenue
National City, CA 91950
(619) 474-8686

Community Health Center

2835 Highland Ave., Ste A
National City, CA 91950
(619) 474-5567

SAN DIEGO AMERICAN INDIAN HEALTH CENTER

2630 First Ave
San Diego, CA 92103
(619) 234-2158

SAN DIEGO FAMILY CARE**Linda Vista Health Care Center**

6973 Linda Vista Road
San Diego, CA 92111
(858) 279-0925

Mid City Community Clinic

4290 Polk Avenue
San Diego, CA 92105
(619) 563-0250

SAN YSIDRO HEALTH CENTER

4004 Beyer Boulevard
San Ysidro, CA 92173
(619) 428-4463

Chula Vista Family Clinic

865 Third Avenue, Suite 133
Chula Vista, CA 91911
(619) 498-6200

SAN YSIDRO HEALTH CENTER (continued)**National City Family Clinic**

1136 D Avenue
National City, CA 91950
(619) 336-2300

Otay Family Health Center

1637 Third Avenue, Suite B
Chula Vista, CA 91911
(619) 205-1360

Paradise Hills Family Clinic

2400 E. 8th Street, Ste A.
National City, CA 91950
(619) 662-4100

**South Bay Family Health Center
(Urgent Care Clinic)**

340 4th Avenue, Suite #7
Chula Vista, CA 91910
(619) 205-1960

Comprehensive Health Center –Euclid

286 Euclid Avenue, Suite 302
San Diego, CA 92114
(619) 527-7330

Comprehensive Health Center –Ocean View

3177 Ocean View Boulevard
San Diego, CA 92113
(619) 231-9300

SOUTHERN INDIAN HEALTH COUNCIL**Alpine Clinic**

4058 Willows Road
Alpine, CA 91901
(619) 445-1188

Campo Clinic

36350 Church Road
Campo, CA 91906-0498
(619) 445 1188 x700

County of San Diego Low Income Health Program (LIHP)
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**ST. VINCENT de PAUL VILLAGE FAMILY
CENTER**

1501 Imperial Avenue
San Diego, CA 92101
(619) 233-8500

VISTA COMMUNITY CLINICS

Vista Community Clinic

1000 Vale Terrace
Vista, CA 92084
(760) 631-5000

Vista Community Clinic – Grapevine

134 Grapevine Drive
Vista, CA 92083
(760) 631-5000

Vista Community Clinic – Horne Street

517 N. Horne Street
Oceanside, CA 92054
(760) 631-5000

Vista Community Clinic – North River Rd

4700 North River Road
Oceanside, CA 92057
(760) 631-5000

Vista Community Clinic – Pier View Way

818 Pier View Way
Oceanside, CA 92054
(760) 631-5000

County of San Diego Low Income Health Program (LIHP)
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Attachment F – LIHP Network Mental Health Clinics

COMMUNITY RESEARCH FOUNDATION

Areta Crowell

1963 4th Avenue
San Diego, CA 92101
(619) 233-3432

Douglas Young Center

10717 Camino Ruiz, Suite 207
San Diego, CA 92126
(858) 695-2211

Heartland Center

1060 Estes Street
El Cajon, CA 92020
(619) 440-5133

Maria Sardinas Center #770

1465 30th Street, Suite K
San Diego, CA 92154
(619) 428-1000

South Bay Guidance

835 3rd Ave, Suite C
Chula Vista, CA 91910
(619) 427-4661

EAST COUNTY MENTAL HEALTH CENTER

1000 Broadway, Suite 210
El Cajon, CA 92021
(619) 401-5500

**FAMILY HEALTH CENTERS OF SAN DIEGO –
LOGAN HEIGHTS FAMILY COUNSELING
CENTER**

2204 National Avenue
San Diego, CA 92113
(619) 515-2355

**NEIGHBORHOOD HOUSE ASSOCIATION –
PROJECT ENABLE**

286 Euclid Avenue, Suite 102
San Diego, CA 92114
(619) 266-2111

NORTH CENTRAL MENTAL HEALTH CENTER

1250 Morena Blvd, 1st Floor
San Diego, CA 92110
(619) 692-8750

MENTAL HEALTH SYSTEMS, INC.

North Coastal Mental Health Center

1701 Mission Ave, Suite A
Oceanside, CA
(760) 967-4475

North Inland Mental Health Center

125 West Mission Ave, Suite 103
Escondido, CA 92025
(760) 747-3424

MENTAL HEALTH SYSTEMS, INC. (continued)

Kinesis (BPSR) Wellness Recovery Center

474 W. Vermont Avenue, Suite 101
Escondido, CA 92025
(760) 480-2255

Vista Wellness Recovery Center

550 W. Vista Way, Ste. 407
Vista, CA 92083
(760) 758-1092

**SAN DIEGO LESBIAN, GAY, BISEXUAL AND
TRANSGENDER COMMUNITY CENTER**

3909 Centre Street
San Diego, CA 92103
(619) 692-2077

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SOUTHEAST MENTAL HEALTH CENTER

3177 Ocean View Blvd
San Diego, CA 92113
(619) 595-4400

**UCSD OUTPATIENT PSYCHIATRIC SERVICES
Co-Occurring Disorders Program (COD)**

140 Arbor Drive
San Diego, CA 92103
(619) 543-7396

Gifford Clinic

140 Arbor Drive
San Diego, CA 92103
(619) 543-7795

Owen Clinic

(Mental health services for Owen clinic
patients only)
Medical Offices South
4168 Front Street, Third Floor
San Diego, CA 92103
(619) 543-3995

UNION OF PAN ASIAN COMMUNITIES

East Wind Clinic

8745 Aero Drive, Suite 330
San Diego, CA 92123
(858) 268-4933

Counseling & Treatment Center

5348 University Avenue, Suites 101 & 120
San Diego, CA 92105
(619) 229-2999

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Patients need to check with specific pharmacies for delivery details.

AD-RX Pharmacy

6240 Wilshire Boulevard
Los Angeles, CA 90048
(323) 936-8221
Free Delivery in CA.

AHF Pharmacy – Previously Priority Pharmacy

3940 Fourth Avenue, Suite 150
San Diego, CA 92103
(619) 574-9700
Free Mail/Delivery

Allen's Pharmacy

1141 6th Ave.
San Diego, CA 92101
(619) 232-8101
Free Mail/Delivery

Asmar Community Pharmacy

436 S. Magnolia St.
El Cajon, CA 92020
(619) 447-9900
Free Delivery/No Mail

Best Pharmacy

5507 El Cajon Boulevard
San Diego, CA 92115
(619) 582-4466
No Mail/Delivery

***Borrego Community Health Foundation Pharmacy**

655 Palm Canyon Drive, Suite B
Borrego Springs, CA 92004
(760) 767-3047
Charge for Mail/No Delivery

Community Medical Center Pharmacy

610 Gateway Center Way, Ste A
San Diego, CA 92102
(619) 262-4373
Free Mail/Delivery with > 1 Rx

Community Medical Center Pharmacy

750 Medical Center Court
Chula Vista, CA 91911
(619) 421-1132
Free Mail/ \$5 Delivery Fee

Community Pharmacy

29115 Valley Center Road
Valley Center, CA 92082
(760) 749-1156
No Mail/Delivery

CVS Pharmacy

1101 S. Mission Road
Fallbrook, CA 92028
(760) 723-5721
Free Delivery/No Mail

CVS Pharmacy

318 West El Norte Parkway
Escondido, CA 92026
(760) 489-1505
No Mail/Delivery

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CVS Pharmacy

555 Broadway, Suite 1054
Chula Vista, CA 91910
(619) 420-7808
No Mail/Delivery

CVS Pharmacy

313 E. Washington Avenue
San Diego, CA 92103
(619) 291-7170
No Mail/Delivery

CVS Pharmacy

2510 El Camino Real
Carlsbad, CA 92008
(760) 729-8941
No Mail/Delivery

CVS Pharmacy

2760 Fletcher Parkway
El Cajon, CA 92020
(619) 461-4411
No Mail/Delivery

CVS Pharmacy

800 Palm Avenue
Imperial Beach, CA 91932
(619) 424-8989
No Mail/Delivery

CVS Pharmacy

3332 Sand Rock Road
San Diego, CA 92123
(858) 278-0047
No Mail/Delivery

CVS Pharmacy

1380 South 43rd Street
San Diego, CA 92113
(619) 263-8116
No Mail/Delivery

CVS Pharmacy

1810 Main Street
Ramona, CA 92065
(760) 789-9062
No Mail/Delivery

CVS Pharmacy

3350 Palm Avenue
San Diego, CA 92154
(619) 424-7030
No Mail/Delivery

CVS Pharmacy

1652 Garnet Avenue
San Diego, CA 92109
(858) 273-1940
No Mail/Delivery

CVS Pharmacy

4404 El Cajon Blv.
San Diego, CA 92115
(619) 280-5006
Free Delivery/No Mail

CVS Pharmacy

3925 North River Road
Oceanside, CA 92058
(760) 757-9348
No Mail/Delivery

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CVS Pharmacy

635 S. Melrose Dr.
Vista, CA 92081
(760) 643-3900
No Mail/Delivery

Fallbrook Pharmacy

343 East Alvarado St.
Fallbrook, CA 92028
(760) 728-1607
\$7/\$14 Mail/\$10 Delivery Fee

***Family Health Centers of San Diego**

1809 National Avenue
San Diego, CA 92113
(619) 515-2490
No Mail/Delivery

Galloway's Medical Center Pharmacy

2995 National Avenue
San Diego, CA 92113
(619) 525-1551
Free Mail/Free Delivery over 1 rx

Hillcrest Pharmacy

120 University Avenue
San Diego, CA 92103
(619) 260-1010
Free Mail/Delivery

***Indian Health Council Rincon Clinic**

50100 Golsh Road
Valley Center, CA 92082
(760) 749-1410
No Mail/Delivery

***Indian Health Council Ysabel Clinic**

110 1/2 School House Canyon Road
Santa Ysabel, CA 92070
(760) 765-4203
No Mail/Delivery

***La Maestra Family Clinic**

4060 Fairmont Avenue
San Diego, CA 92105
(619) 564-7013
No Mail/Delivery

Linda Vista Pharmacy

2361 Ulric St.
San Diego, CA 92111
(858) 277-6145
Local Delivery Only

Med Rx Health Mart Pharmacy

1031 East Vista Way
Vista, CA 92084
(760) 724-7125
3+ Rx= Free Delivery

Med-Care Pharmacy

161 Thunder Drive, Suite 100
Vista, CA 92083
(760) 758-7650
\$5.00 Charge for Delivery

Medco Drugs

1252 Broadway
El Cajon, CA 92021
(619) 440-3448
Free Mail/Delivery

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Medical Center Pharmacy

12395 El Camino Real
San Diego, CA 92130
(858) 259-1221
Free Mail/No Delivery Service

Medical Center Pharmacy

480 Fourth Avenue, Suite 100
Chula Vista, CA 91910
(619) 427-1444
Free Mail/Delivery

Medical Center Pharmacy

765 Medical Center Court, #208
Chula Vista, CA 91911
(619) 656-2846
Free Mail/Delivery (2+ Rx)

Medical Center Pharmacy

1635 Third Avenue
Chula Vista, CA 91911
(619) 585-8818
Free Mail/Delivery with > 1 Rx

Medical Center Pharmacy

855 Third Avenue, Suite 1102
Chula Vista, CA 91911
(619) 585-0665
Free Mail/Delivery with > 1 Rx

Medical Center Pharmacy

4074 Fairmont Avenue
San Diego, CA 92105
(619) 284-1141
Free Mail/Delivery with > 1 Rx

Medical Center Pharmacy

340 Fourth Avenue, Suite 1
Chula Vista, CA 91910
(619) 422-9291
Free Mail/Delivery with > 1 Rx

Medical Center Pharmacy

310 Santa Fe Drive, Suite 109
Encinitas, CA 92024
(760) 753-9433
Free Mail Delivery in certain areas

Medical Center Pharmacy

4060 4th Ave. Suite 110
San Diego, CA 92103
(619) 297-2214
2+ Rx= Free Delivery

Medical Center Pharmacy

3904 Park Boulevard
San Diego, CA 92105
(619) 295-3109
Free Mail/Delivery

Medical Center Pharmacy

7910 Frost Street Suite 103
San Diego, CA 92123
(858) 560-1911
Free Mail/Delivery

Modern Health Pharmacy

13220 Evening Creek Drive, Suite 110
San Diego, CA 92128
(877) 322-7491
Free Delivery

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***Neighborhood Healthcare**

460 North Elm Street
Escondido, CA 92025
(760) 737-2025
No Mail/Delivery

Rite Aid

7224 Broadway
Lemon Grove, CA 91945
(619) 465-6694
No Mail/Delivery

Nudo's Pharmacy

455 North Magnolia Avenue
El Cajon, CA 92020
(619) 442-0303
Free Mail Delivery

Rite Aid

427 C Street, Suite 100
San Diego, CA 92101
(619) 233-1666
No Mail/Delivery

**Premier Pharmacy #4 – Previously Edwins
Pharmacy**

12500 Burbank Blvd.
Valley Village, CA 91607
(888) 619-6196
Free specialty mail order service/next day
delivery

Rite Aid

6939 Linda Vista Road
San Diego 92111
(858) 277-6730
No Mail/Delivery

Px Drugstore

5300 Lankershim Boulevard, Suite 160
North Hollywood, CA 91601
(818) 769-0313
Free Mail/Delivery

Rite Aid

1735 Euclid Ave.
San Diego, CA 92105
(619) 264-7211
No Mail/Delivery

Quality Care Pharmacy

727 West San Marcos Blvd.
San Marcos, CA 92078
(760) 744-5959
Free Mail/Delivery

Rite Aid

3650 Adams Avenue
San Diego, CA 92116
(619) 563-0802
No Mail/Delivery

Rite Aid

1665 Alpine Boulevard
Alpine, CA 91901
(619) 659-1085
No Mail/Delivery

Rite Aid

661 Sweetwater Road
Spring Valley, CA 91977
(619) 463-9848
No Mail/Delivery

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***San Ysidro Health Center**

3177 Oceanview Boulevard
San Diego, CA 92113
(619) 231-9300 x3148
No Mail/Delivery

***San Ysidro Health Center**

4004 Beyer Boulevard
San Ysidro, CA 92173
(619) 662-4160
No Mail/Delivery

Sav-On Pharmacy

655 14th Street
San Diego, CA 92101
(619) 237-9127
Free Mail/Delivery

Sharp Coronado Community Pharmacy

230 Prospect Place No. 110
Coronado, CA 92118
(619) 522-3996
Free Delivery on Coronado

***Southern Indian Health Council**

4058 Willows Road
Alpine, CA 91901
(619) 445-1188x430
No Mail/Delivery

***Southern Indian Health Council**

36350 Church Road
Campo, CA 91906
(619) 445-1188x730
No Mail/Delivery

UCSD Edith and William Perlman Pharmacy

9350 Campus Point Dr.
La Jolla, CA 92037
(858) 657-8610
Free Mail/Delivery

UCSD Hillcrest Medical Offices South

4168 Front Street
San Diego, CA 92103
(619) 543-5934
Free Mail/Delivery

**UCSD – John M. and Sally B. Thornton
Hospital Pharmacy**

9300 Campus Point Drive, Ste. 3-264
La Jolla, CA 92037
(858) 657-8610
Discharge Pharmacy Only

UCSD Medical Center Discharge Pharmacy

200 West Arbor Drive, Suite 8765
San Diego, CA 92103
(619) 543-3279
No Mail/Delivery

UCSD Moores Cancer Center

3855 Health Science Drive, Suite 0845
La Jolla, CA 92093
(858) 822-6088
No Mail/Delivery

***Vista Community Clinic #1**

1000 Vale Terrace Drive
Vista, CA 92084
(760) 631-5000
No Mail/Delivery

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***Vista Community Clinic #2**

134 Grapevine Road
Vista, CA 92083
(760) 631-5000
No Mail/Delivery

Vons

933 Sweetwater Road
Spring Valley, CA 91977
(619) 460-6336
\$7.95 Delivery Charge

***Vista Community Clinic #3**

818 Pier View Way
Oceanside, CA 92054
(760) 631-5000
No Mail/Delivery

Vons

845 College Boulevard
Oceanside, CA 92057
(760) 630-6252
\$5 Per delivery

Vons

1201 Avocado Avenue
El Cajon, CA 92020
(619) 440-1915
No Charge Delivery Service

Vons

620 Dennerly Road
San Diego, CA 92154
(619) 428-3311
\$7.95 Delivery Charge

Vons

2345 East Valley Parkway
Escondido, CA 92027
(760) 489-0981
\$5 Delivery Service Charge

Vons

13439 Camino Canada
El Cajon 92021
(619) 390-1146
No Delivery Service

Vons

3645 Midway Drive
San Diego, CA 92110
(619) 222-9736
\$7.95 Delivery Charge

Walgreens

1430 Eastlake Parkway
Chula Vista, CA 91915
(619) 591-7042
No Mail/Delivery

Vons

4145 30th Street
San Diego, CA 92104
(619) 284-3582
Free Delivery M-F

Walgreens

621 I Street
Chula Vista, CA 91910
(619) 407-4057
No Mail/Delivery

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Walgreens

215 North Second Street
El Cajon, CA 92021
(619) 401-0761
Free Delivery

Walgreens

111 West Washington Avenue
Escondido, CA 92025
(760) 291-0299
Free Standard Shipping

Walgreens

1574 East Valley Parkway
Escondido, CA 92027
(760) 839-7932
No Mail/Delivery

Walgreens

460 West Felicita Avenue
Escondido, CA 92025
(760) 735-6025
No Mail/ \$3 Delivery Fee

Walgreens

1285 South Mission Road
Fallbrook, CA 92028
(760) 451-2970
No Mail/Delivery

Walgreens

9728 Winter Gardens Boulevard
Lakeside, CA 92040
(619) 938-0069
No Mail/Delivery

Walgreens

30251 Murrieta Road
Menifee, CA 92584
(951) 244-7210
Charges for Delivery

Walgreens

27714 Clinton Keith Road
Murrieta, CA 92562
(951) 672-1214
Free Delivery in Certain Zip Codes

Walgreens

29910 Murrieta Hot Springs Road
Murrieta, CA 92563
(951) 894-1476
No Mail/Delivery

Walgreens

33060 Antelope Road
Murrieta, CA 92584
(951) 301-0670
No Mail/Delivery

Walgreens

40420 Murrieta Hot Springs Road
Murrieta, CA 92563
(951) 698-7459
No Mail/Delivery

Walgreens

40663 California Oaks Road
Murrieta, CA 92562
(951) 304-1219
No Mail/Delivery

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Walgreens

885 Euclid Avenue
National City, CA 91950
(619) 267-1950
Free Standard Shipping

Walgreens

4181 Oceanside Boulevard
Oceanside, CA 92056
(760) 536-7330
No Mail/Delivery

Walgreens

13390 Poway Road
Poway, CA 92064
(858) 435-7580
No Mail/Delivery

Walgreens

10787 Camino Ruiz
San Diego, CA 92126
(858) 437-0761
No Mail/Delivery

Walgreens

5504 Balboa Avenue
San Diego, CA 92111
(858) 495-9155
Free Standard Shipping

Walgreens

640 University Avenue
San Diego, CA 92103
(619) 295-6688
Free Standard Shipping to Certain SD Zip
Codes

Walgreens

8766 Navajo Road
San Diego, CA 92119
(619) 667-8764
Free Standard Shipping

Walgreens

3222 University Avenue
San Diego, CA 92104
(619) 528-1793
Free Standard Shipping

Walgreens

10512 Mission Gorge Road
Santee, CA 92071
(619) 258-7942
No Mail/Delivery

Walgreens

9305 Mission Gorge Road
Santee, CA 92071
(619) 258-8011
No Mail/Delivery

Walgreens

1320 Encinitas Boulevard
Encinitas, CA 92024
(760) 942-2018
Free Standard Shipping

Walgreens

1510 North Santa Fe Avenue
Vista, CA 92083
(760) 724-3763
No Mail/Delivery

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Walgreens

3507 Cannon Road
Oceanside, CA 92056
(760) 630-1327
No Mail/Delivery

Walmart

1150 Broadway
Chula Vista, CA 91911
(619) 591-4909
1-800-273-3455 for Delivery

Walgreens

802 South Santa Fe Avenue
Vista, CA 92084
(760) 724-2833
No Mail/Delivery

Walmart

13487 Camino Canada
El Cajon, CA 92021
(619) 561-2420
1-800-273-3455 for Delivery

Walgreens

1111 Third Avenue
Chula Vista, CA 91911
(619) 691-1308
No Mail/Delivery

Walmart

605 Fletcher Parkway
El Cajon, CA 92020
(619) 440-0848
1-800-273-3455 for Delivery

Walgreens

3752 Mission Avenue
Oceanside, CA 92054
(760) 722-9409
No Mail/Delivery

Walmart

1200 Highland Avenue
National City, CA 91950
(619) 336-1607
1-800-273-3455 for Delivery

Walgreens

310 Sycamore Avenue
Vista, CA 92083
(760) 630-5723
No Mail/Delivery

Walmart

3405 Marron Road
Oceanside, CA 92056
(760) 730-7386
1-800-273-3455 for Delivery

Walmart

75 N. Broadway
Chula Vista, CA 91910
(619) 691-0873
1-800-273-3455 for Delivery

Walmart

705 College Boulevard
Oceanside, CA 92057
(760) 631-1857
1-800-273-3455 for Delivery

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Walmart

3382 Murphy Canyon Road
San Diego, CA 92123
(858) 571-6971
1-800-273-3455 for Delivery

Walmart

3412 College Avenue
San Diego, CA 92115
(619) 858-0074
1-800-273-3455 for Delivery

Walmart

732 Center Drive
San Marcos, CA 92069
(760) 233-8971
1-800-273-3455 for Delivery

Walmart

2100 Vista Way
Oceanside, CA 92054
(760) 966-0143
1-800-273-3455 for Delivery

Walmart

32225 Temecula Parkway
Temecula, CA 92592
(951) 506-7631
1-800-273-3455 for Delivery

Walmart

710 Dennery Road
San Diego, CA 92154
(619) 428-4088
1-800-273-3455 for Delivery

Walmart

4840 Shawline Street
San Diego, CA 92111
(858) 268-7840
1-800-273-3455 for Delivery

*Patient must be assigned to this community health center, otherwise they will need to have their prescriptions filled at one of the designated LIHP pharmacies.

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Attachment G – LIHP Application Assistance Activities

LIHP Application Assistance Activities

New Applicants:

Compare patient information to the requirements in the LIHP Eligibility Tool.

NOTE: Only proceed with LIHP application if applicant meets all five requirements in the LIHP Eligibility Tool.

- Provide potential applicant with a LIHP application and offer completion assistance.
- If applicant:
 - **Accepts** LIHP application assistance, review LIHP application for completion. Upon completion of LIHP application, clinic staff may:
 - Assist the applicant with entering their application into Benefits CalWIN (BCW) (www.benefitscalwin.org), or
 - Direct the applicant to go to their nearest FRC to apply for LIHP
 - **Declines** LIHP application assistance, provide the applicant a LIHP informational flyer and a LIHP application. Direct the applicant to the four ways to apply for LIHP listed on page 2 of the LIHP flyer available at www.sdlihp.org.
- Advise the applicant to bring verifications listed below that apply to applicant and/or their spouse:

INCOME	OTHER
<ul style="list-style-type: none">○ Most recent 3 pay stubs○ Self-employment records (3 months)○ Proof of Veteran's Benefits○ Proof of State Disability or Unemployment Benefits.○ Proof of Child Support/Alimony received○ Proof of gifts or loans received○ Proof of other income such as: Social Security, Workers Comp, etc.	<ul style="list-style-type: none">○ Photo identification (ORIGINAL)○ Proof of citizenship or alien status (ORIGINAL)○ Proof of residency (rent receipt or utility bills in your name, identification (ID) with local address, etc.)○ Health insurance information○ Proof of application for other income (SSA, SSI, UIB, DIB, WC, etc.)

If the applicant states they do not have all of the verifications, encourage them to continue with the application process. The County will give the applicant additional time to gather the verifications as long as the applicant stays in contact with the County and the applicant continues to cooperate with the completion of their recertification.

Applicant questions regarding the LIHP application process can be addressed by the FRC worker.

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The MC-210 Medi-Cal form which is used for LIHP can be found at:

<http://www.dhcs.ca.gov/formsandpubs/forms/Pages/MCEBbyNumber.aspx>

The LIHP informational flyer can be found at: www.sдлиhp.org

Application Assistors may include a release of information, signed and dated by the applicant, in the BCW application. If a completed release of information is scanned into BCW, Application Assistors, when contacting the County, should advise the County that a release was already submitted.

For informational purposes only. Applicants applying for LIHP will first be evaluated for linkage to Medi-Cal and therefore may be asked to provide verification of property.

Existing LIHP Enrollees:

NOTE:

- The County will send a recertification reminder letter to LIHP enrollees prior to their certification end date.
- Each month the ASO sends out a list of each clinic's LIHP enrollees.

Application Assistance Activities:

- Review the ASO list of LIHP enrollees as it is received each month.
- Contact LIHP enrollees whose certification is due to end the current month and following month to notify them that their certification period needs to be renewed.
 - Attempt at least 3 phone calls to the LIHP enrollee.
 - Inform the enrollee to keep in contact with the County FRC who is processing their application during the recertification process to ensure that LIHP benefits continue while the enrollee gathers information and/or verifications for submission. FRC phone numbers are listed below.
 - Enrollees should start the recertification period no more than 30 days prior to their scheduled certification end date.
- If the LIHP enrollee indicates they have already started the recertification process, offer assistance in the completion of forms or in any part of the recertification process in which the enrollee needs assistance. Assist as needed.

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- If the LIHP enrollee's certification is due to end within 30 days, and they indicate they have not started the recertification process, assist the enrollee by initiating an application via Benefits CalWIN.
 - Assist the enrollee to ensure all forms and verifications are submitted

FRC LIHP PHONE NUMBERS FOR INFORMATION ON PENDING CASES	
FRC	Phone Number
FRC Centre City	(619) 338-2402
FRC El Cajon	(619) 401-6179
FRC Lemon Grove	(619) 668-3755
FRC North Central	(858) 573-7497
FRC North Coastal	(760) 754-5708
FRC North Inland	(760) 740-4218
FRC Northeast	(619) 589-4525
FRC South	(619) 409-3313
FRC Southeast	(619) 266-3768

LIHP Eligibility Tool:

- San Diego County Resident
- Does not meet Medi-Cal eligibility criteria
- 19 through 64 years of age
- Gross monthly income at or below 133% FPL:

Household Size	133% FPL	
	as of 4/1/11	as of 4/1/12
1	\$1,207	\$1,239
2	\$1,631	\$1,677

- US Citizen or must meet 5 year Legal Permanent Resident requirement, except for:
 - Refugees;
 - Asylees;
 - Cuban and Haitian Entrants;
 - Victims of a severe form of trafficking;
 - Aliens whose deportation is being withheld;
 - Qualified aliens who also are an honorably discharged veteran, or the spouse (including a surviving spouse who has not remarried) or unmarried dependent child of an

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honorably discharged veteran of the U.S. military;

- Aliens admitted to the country as an Amerasian immigrant;
- Legal permanent residents (LPR) who first entered the country under another exempt category (i.e., as a refugee, asylee, Cuban or Haitian entrant, trafficking victim, or alien whose deportation was being withheld) and who later converted to LPR status;
- Members of a Federally-recognized Indian tribe, as defined in 25 U.S.C. 450b(e); or
- American Indians born in Canada to whom §289 of the Immigration and Nationality Act.

County of San Diego Low Income Health Program (LIHP)

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Attachment H – Breast and Cervical Cancer Screenings

Breast Cancer Screening

- Covered ICD-9 and CPT codes
 - CPT codes include those covered by EWC. These include preventive visits and procedures.
 - ICD-9 codes include those covered by EWC.
- Periodicity of services
 - Screening mammogram is covered for women ages 40 and older.
 - A screening mammogram is payable once per enrollee per year.
 - Claims for a screening mammography with an interval less than 12 months will be denied.
- Authorization for services
 - No TAR is needed for a screening or diagnostic mammogram or breast ultrasound
 - TAR is required for MRI, surgical biopsy procedures and surgical consultation, as well as radiology guided biopsy and other diagnostic tests.

Cervical Cancer Screening

- Covered ICD-9 and CPT codes
 - CPT codes include those covered by EWC.
 - ICD-9 codes include those covered by EWC.
- Periodicity of services
 - Pap smear for women ages 21 and older
 - HPV reflex for abnormal pap is covered. Screening HPV is only covered for women ages 30 and older.
 - Screening pap smear is recommended once every 3 years.
- Authorization for services
 - No TAR is needed for colposcopy
 - TAR required for LEEP and other treatment procedures.

Case Management Policy

- Payment: The LIHP does not reimburse case management services performed by the provider. Enrollees who may benefit from case management should be referred to the LIHP Medical Management Services Department Case Managers.
- Quality indicators will be determined.

If you have any questions regarding this addition of covered services, please contact Dr. Jennifer Tuteur at jennifer_m_tuteur@uhc.com . If you have any questions regarding the billing for these services, please contact Cielo Anderson at cielo_m_anderson@uhc.com. If you would like to refer an enrollee for Case Management services, please contact mayling_y_naputi@uhc.com.